FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # H40614 (0) GENESIS SPORTFISHING, INCORPORATED Principal Place of Business Mailing Address 40 HIGH POINT RD. M.M. 84.5 #11 G-105 BOX 12 DO NOT WRITE IN THIS SPACE ISLAMORADA FL 33070 TAVERNIER FL 33070 3. Date Incorporated or Qualified US HS 02/01/1985 Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2494590 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **DEUEL, CURTIS** 40 HIGH POINT RD BOX 12 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT G-105** 83 TAVERMIER FL 33070 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ing its registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **DEUEL CURTIS** 1.2 NAME NAME 40 HIGH POINT RD G105 BOX 12 1.3 STREET ADDRESS STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE __ Change Addition **DEUEL CURTIS** 2.2 NAME NAME 40 HIGH POINT RD G105 BOX 12 2.3 STREET ADDRESS STREET ADDRESS TAVERIER FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ___ Сһалде Addition TITLE 3.1 TITLE NAME **DEUEL REGINA** 3.2 NAME 40 HIGH POINT RD G105 BOX 12 STREET ADDRESS 3.3 STREET ADDRESS TAVERNIER FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CiTY - ST - ZiP

SIGNATURE:

NAME

STREET ADDRESS

-26-98 305-852-852