FILED Apr 28, 1999 8:00 am Secretary of State

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J63833**

1. Corpora ion Name

Principal Place of Business

STOW-A-WAY FISH LURE & HOOK HOLDER COMPANY, INC.

2731 NE 14 ST #718A POMPANO BEACH FL 33062		2731 NE 14 ST #718A POMPANO BEACH FL 33C62					DO NOT W	RITE IN TH	IS SPAC	Œ	
						1 -	e ir corporated or Qualife 26/1987				
2. Principa Place of Business		2a. Mailing Address				Number			Ap	plied For	
21		26			59-7	<u> 2822307                                   </u>			No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Corti	ifcate of Status Desired				Additional	
		27			3, 001				Fee Re	k uired	
City & State		City & State			6. Elec	tion Campaign Financing	<del>)</del> []	\$	5.00	May Be	
23	<u> </u>	28				Trus	st Fund Contribution			dded 1	c Fees
Zip	Country	Zip	Cou	intry			ct rporation owes the cu	ırrent year			200
24	25	29	30				sor al Property Tax.	<del></del>	Y		[X]No
	9. Name and Address of Curren	t Registered Agent				10Nam	ne and Address of New	Registere	d Agent	<u> </u>	
CAC	THE INCEDIA OF			81	Name						
Caselli, Joseph M., Sr. 2731 Ne 14th St		82		82	Street A	Ac dress (P.O. B	Box Number is Not Accep	otable)			
AF'T #718				83							
POM	PANO BEACH FL 33062			Ш							
				84	City			F	85	Zip (	Code
office crn agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	cf Florida, Such change was	authorized	i vd t	the corpo	corporation sub- pration's board o	mi's this statement for th of clirectors. I hereby acc	e purpose ept the apr	of chang ointmen	jing its t as re	registered g stered
SIGNATUFE	Signature, typed or printed naine of registered agen	nt and title if applicable (NOT	E. Registered	Agent	signature re	eqi ired when reinstatii	ing)	DATE			
12.		() DIRECTORS	13.				TIONS/CHANGES TO C	FFICERS	ND DIF	RECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TV	TLE					Dc	hange	☐ Addition
NAME	CASELLI, JOSEPH M., SR.		1.2 N/	AME	ł						
STREET ADDRESS	2731 NE 14TH ST #718		1.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CI	TY-ST	-ZIP						
TITLE	SD	☐ DELETE	2.1 TY	TLE						hange	Addition
NAME	Caselli, Helen		2.2 N/	AME							
STREET ADDRESS.	2731 NE 14TH ST #718		2381	TREET	ADDRESS						
ÇITY-ST-ZIP	POMPANO BEACH FL		2.4 C	ITY-S	T-ZIP						
TITLE	TD	☐ DELETE	3 1 TI	TLE						hange	☐ Addition
NAME	Caselli, Joseph M., Jr.		3 2 N/	AME							
STREET ADDRESS	5550 MAIN ST		3.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	STRATFORD CT		34 C	ITY-S	r-zip						
TITLE		☐ DELETE	41 TI	TLE						hange	Addition
NAME			4 2 N	AME							
STREET ADDRESS			4 3 57	TREET	ADDRESS						
CITY-ST-ZIP			4 4 CI	TY-ST	-ZIP						
TITLE		☐ DELETE	5.1 TI							hange	Addition
NAME			52 N/								
STREET ADDRESS			53 S	TREET	ADDRESS						
CITY-ST-ZIP				TY-ST	-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE						hange	☐ Addition
NAME			6.2 N/								
STREET ADDRESS			638	TREET	ADDRESS						

14. I hereby certify that the informa ion 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4. 24-99