

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K68031 (9)**

1. Corporation Name  
**THE COMIN HOME SPORTFISHERMAN, INC.**



Principal Place of Business: **WHALE HARBOR MARINA, 8300 OSSHWAY, ISLAMORADA FL 33036**  
Mailing Address: **%ROBERT BOUDREAU, P.O. BOX 894, KEY COLONY BEACH FL 33051**

3. Date Incorporated or Qualified: **02/23/1989**      3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0194570**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]      2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ]      Suite, Apt. #, etc.: 27 [ ]  
City & State: 23 [ ]      City & State: 28 [ ]  
Zip: 24 [ ]      Country: 25 [ ]      Zip: 29 [ ]      Country: 30 [ ]

9. Name and Address of Current Registered Agent: **BOUDREAU, ROBERT, 32 6TH STREET, KEY COLONY BEACH FL 33050**  
10. Name and Address of New Registered Agent: 81 Name [ ]      82 Street Address (P.O. Box Number is Not Acceptable) [ ]      83 [ ]      84 City: **FL**      85 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUDREAU, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>32 6TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD Boudreau Sophie</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUDREAU, SOPHIE</b>	2.2 NAME	<b>174 Coconut Row</b>
STREET ADDRESS	<b>323 91ST ST.</b>	2.3 STREET ADDRESS	<b>TAUPEHIEH FL 33070</b>
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUDREAU, MARIE</b>	3.2 NAME	
STREET ADDRESS	<b>32-6 ST., P.O. BOX 894</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY COLONY BEACH FL 33051</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>SD Boudreau, Serena</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUDREAU, SERENA</b>	4.2 NAME	<b>1010-18th Terrace (PO Box 2,082)</b>
STREET ADDRESS	<b>P.O. BOX 2082 N/A</b>	4.3 STREET ADDRESS	<b>Key West FL 33040</b>
CITY-ST-ZIP	<b>KEY WEST FL 33045</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Robert Boudreau*      **Robert Boudreau**      **4-30-96**      **305 7435319**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)