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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # **L91906** **(2)**

1. Corporation Name
SELECT SPORTFISHING PACKAGES, INC.

Principal Place of Business	Mailing Address
7628 S. TAMIAMI SUITE 8 SARASOTA FL 34231 US	1614 CARIBBEAN SARASOTA FL 34231 US

3. Date Incorporated or Qualified: 08/03/1990	3a. Date of Last Report: 04/27/1995
4. FEI Number: 91-1387100	☐ 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	2a. Mailing Address
21	26 9320 Clubside Cir
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #2303
City & State 23	City & State 28 Sarasota FL
Zip 24 · Country 25	Zip 29 34238 Country 30 USA

9. **Name and Address of Current Registered Agent**

SPEARMAN, BETH J.
1614 CARIBBEAN DR.
SARASOTA FL 34231

10. **Name and Address of New Registered Agent**

81 Name: Beth J. Spearman
82 Street Address (P.O. Box Number is Not Acceptable): 9320 Clubside Cir #2303
83
84 City: Sarasota FL 85 Zip Code: 34238

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: Beth J. Spearman DATE: 1-22-96
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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPEARMAN, BETH J.		1.2 NAME	
STREET ADDRESS	1614 CARIBBEAN DR.		1.3 STREET ADDRESS	9320 Clubside Cir #2303
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota FL 34238
TITLE	VST	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUDD, EDWARD S.		2.2 NAME	
STREET ADDRESS	1614 CARIBBEAN DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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: Beth J. Spearman 1-22-96 800/654 7345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)