SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997 DIVISION OF CORPORATIONS								Secretary of State			
	UMENT ation Name GO FISH		14	(9)							
Principal	Place of Busine	ss	Mailing Addi	'ess				1	/ 0101 01011 011	II BIJIK BIJK BIJI	
6706 RAYI APT. A. GROVE CI	IOND 81. IY FL 34224			P. O. BOX 821 BOCA GRANDE FL 33821 US			DO NOT WRITE IN THIS SPACE				
US								3. Date incorporated or Quali		Date of Last F	leport
9 Den 1	al Diago of Due	0 . 14-10 A	-1-2				08/24/1988 4. FEI Number	0	6/27/1996		
2. Princip	al Place of Bus	siness	<u> </u>	2a. Mailing Address				59-2904905		<u> </u>	oplied For ot Applicable
	pt. #, etc.			Suite, Apt. #. etc.							Additional
22	• • • • • • • • • • • • • • • • • • • •		27					Certificate of Status Desire	a 🗆		equired
City & 23	State		City & Sta				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip			<u> </u>	·		Country		8. This corporation owes or ha	•		
24	a Nem	25	29 rrent Registered Age	nt	[30]			Personal Property Tax due 10. Name and Address of Ne			No
	(UBBARD, VA		Heilt Neglatered Age	···		B1 1	Name	to, traine and Address of the	ii isagistore	u Agoin	
		ND ST, APT A				82	Ctup of A da	dress (P.O. Box Number is Not Acc			
	ROVE CITY					82	Sireet Add	iress (P.O. box Number is Not Acc	еркавіе)		
Ì					7	83		, '''			
					-	84 (City			85 Zip	Code
							•		F	L	
11. Pursu office	ant to t he provi or regi ste red a	isions of Sections 607. Igent, or both, in the S	.0502 and 607,1508, F itate of Florida. Such c	lorida Statut hange was a	es, the ab authorized	ove-r	named cor ne corpora	poration submits this statement for ation's board of directors. I hereby	the purpose accept the ap	of changing it opointment as	ts registered registered
agent	. I am familiar v	with, and accept the o	bligations of, Section 6	607.0505, Flo	orida Statu	utes.	·	•		•	-
SIGNATU	RE Signature type	ed or printed name of registore	d agent and title if applicable	(NOT	F: Registered	l Agent :	signalure requ	lired when reinstating)	DATE		
12.	organization typic		AND DIRECTORS	(101	13.		orginala e raqe	ADDITIONS/CHANGES TO (ND DIRECTOR	RS IN 12
TITLE	DPT			DELETE	1.1 1)(LE				Change	Addition
NAME		RD, VANLEY D.			1.2 NA	ME					
STREET ADDR		YMOND ST.			1.3 STF	REET AD	DRESS				
CITY-ST-ZIP	GROVE	CITY FL		DELETE		Y-ST-2	ZIP			Change	Addition
TITLE			L) DELETE	2.1 111					☐ Change	ADDITION
NAME CYPETY LDDG	.00				2.2 NAI	ME REET AD	DDECC				
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TITLE				DELETE	4.1 1(1)	LE				Change	Addition
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NAME			_		5.2 NAI						
STREET ADDR	ss					REET AD	DRESS				
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TITLE				DELETE	6.1 TITI					☐ Change	Addition
NAME					6.2 NA)	ME					
STREET ADDRE	ss				6.3 STF	REET AD	DRESS				

14. I do 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 12 if changed, or on an attachment with an address.

FILED

Jul 29 1997 8:00am