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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N07344

(7)

BEVERLY HILLS FISHING CLUB INC.

Principal Place	of Business	Mailing Address			1 (4)			#13H #14H 18#1
14 TRUMAN B		14 TRUMAN BLVD						
PO BOX 64052		PO BOX 640523	24404-0022					
BEVERLY HILL FL 33464 US		BEVERLY HILLS FL 34464-0523 US			3. Date Incorporated or Qualifie 01/29/1985	3. Date Incorporated or Qualified		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	 <u> </u>		Applied For
21]		26			59-2471767		[]	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc 27	3. 		5. Certificate of Status Desired		Fee	5 Additional Required
City & State		City & State			6. Election Campaign Financing	' o		May Be
Zip	Country	Zip	Cou	ntrv	Trust Fund Contribution			d to Fees
4	25	29	30	, y	 This corporation has liability for Florida Statutes 	Or intangible ta		. 199.032,
- id -	9. Name and Address of Curre				10. Name and Address of New			
				81 Name				
BRIGHT, I	Robert			82 Street	Address (P.O. Box Number is Not Accept	tahla)		
14 TRUM				OL SHEEL	Address (F.O. Dox Northber is Not Accept	(able)		
BEVERLY	HILLS FL 34465			83				
				84 City			105 7	- Cada
				City		FL	85 Zi	p Code
	the provisions of Sections 617.050	rida. Such change was auti	norized by the c	e-named co	orporation submits this statement for the publication of directors. I because accept the publications are proported in the publication of directors.	purpose of cha	anging its	registered office
11. Pursuant to	ed agent, or both, in the State of Flor	nau. Cach change mas act	TOTIZEDO DY ITTO C	orporation a	board of directors. Thereby accept the a	ppointine it as	109ISterec	ragent, ram
or registere	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ition 617.0503, Florida Stat	lutes.					
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ction 617.0503, Florida Stat	tutes.					
or registere familiar with SIGNATURE	ad agent, or both, in the State of Flor h, and accept the obligations of, Sec Stgnature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signature r	equired when reinstating)	DATE		
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SIGNATURE:

Robert Bright

2/6/96

(352) 746-1036