FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N13948

1. Corporation Name
GOLDEN TRIANGLE SPORT FISHING CLUB, INC.

Principal Place of Business
4418 N. CORTEZ
TAMPA, FL 33614

Mailing Address
13909 N. DALE MABRY
TAMPA, FL 33618 #201

3. Date Incorporated or Qualified: 3-21-86
3a. Date of Last Report: 2-21-95

2. Principal Place of Business
21 1908 S. DALE MABRY
22 Suite, Apt. #, etc
23 City & State: TAMPA FL
24 Zip: 33629
25 Country: USA

2a. Mailing Address
26 P.O. BOX 18121
27 Suite, Apt. #, etc
28 City & State: TAMPA FL
29 Zip: 33629
30 Country: USA

4. FEI Number: 59-2798247 ☐ 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

9. Name and Address of Current Registered Agent
PAUL G. MCDUFFEE, II
13909 N. DALE MABRY HIGHWAY SUITE #201
TAMPA, FL 33618

10. Name and Address of New Registered Agent
81 Name: DAVID YATES
82 Street Address (P.O. Box Number is Not Acceptable): 1908 S. DALE MABRY
83
84 City: TAMPA FL 85 Zip Code: 33629

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: David Yates DAVID YATES, TREASURER 2-28-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/D PETER KOSTAS 8902 N. ROME AVE. TAMPA FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TREASURER/D DAVID YATES 1908 S. DALE MABRY TAMPA FL 33629	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE. PRESIDENT/D SERGIO ATANES 18912 EDINBOROUGH WAY TAMPA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D RICHARD STEINMETZ 3109 SAMARA DR TAMPA FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	SECRETARY/D GEORGE FULLER 1010 MORISON CT. TAMPA, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	300001726803 02/28/96--01071--008 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Yates DAVID YATES 2-28-96 813-253-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #