**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # N15899 (0)

1. Corporation Name
THE BILLFISH FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2419 E. COMMERCIAL BLVD #303<br>FT LAUDERDALE FL 33308 | ~~2419 E. COMMERCIAL BLVD #303~~<br>~~FT LAUDERDALE FL 33308~~ |

3. Date Incorporated or Qualified: 07/16/1986
3a. Date of Last Report: 04/12/1995

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: 59-2694327 | ☐ Applied For ☐ Not Applicable |
| 21 | 26 P.O. Box 8787 | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 Ft. LAUDERDALE FL | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 33310-8787 / Country 30 USA | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~LEAR, DAVE~~<br>~~2419 E. COMMERCIAL BLVD~~<br>~~STE 303~~<br>~~FT LAUDERDALE FL 33308~~ | 81 Name: PEEL, ELLEN<br>82 Street Address (P.O. Box Number is Not Acceptable): 2419 E Commercial Blvd<br>83 STE 303<br>84 City: Ft. LAUDERDALE FL 85 Zip Code: 33308 |

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: Ellen M. Peel — 6-25-96
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 | ~~PCD~~ | ☐ DELETE | 1.1 TITLE | CD | ☒ Change ☐ Addition |
| NAME | ROCKEFELLER, WINTHROP | | 1.2 NAME | ROCKEFELLER, WINTHROP | |
| STREET ADDRESS | 1590 UNION NATIONAL PLZ | | 1.3 STREET ADDRESS | 124 W CAPITOL STE 1590 | |
| CITY-ST-ZIP | LITTLE ROCK AR | | 1.4 CITY-ST-ZIP | LITTLE ROCK AR 72203 | |
| TITLE | ~~VD~~ | ☐ DELETE | 2.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | IMMERNUT, MEL | | 2.2 NAME | IMMERGUT, MEL | |
| STREET ADDRESS | ONE CHASE MANHATTEN PLAZA 54TH FLOOR | | 2.3 STREET ADDRESS | 1 CHASE MANHATTEN PLZ 54TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY | | 2.4 CITY-ST-ZIP | NEW YORK NY 10005 | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VICENTE, RALPH | | 3.2 NAME | | |
| STREET ADDRESS | B #3 VILLA DE TINTILLO | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GUAYNABO PR | | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~M~~ | ☐ DELETE | 4.1 TITLE | M | ☒ Change ☐ Addition |
| NAME | ~~LEAR, DAVE~~ | | 4.2 NAME | PEEL ELLEN | |
| STREET ADDRESS | ~~2419 E. COMMERCIAL BLVD STE 303~~ | | 4.3 STREET ADDRESS | 2419 E Commercial Blvd STE 303 | |
| CITY-ST-ZIP | ~~FT LAUDERDALE FL~~ | | 4.4 CITY-ST-ZIP | FT LAUDERDALE FL 33308 | |
| TITLE | TSD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JONES, ROBERT | | 5.2 NAME | | |
| STREET ADDRESS | 1935 SOUTH CAMPBELL | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SPRINGFIELD MO | | 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 | | |

CR2E037 (3/96)

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:** Ellen M. Peel (REQUIRED) — 6-25-96 — (305) 938-0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #