SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 FT LAUDERDALE FL 33308	PO BOX 8787 FT LAUDERDALE FL 33310 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1986
3a. Date of Last Report: 07/02/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2694327 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEEL, ELLEN
2419 E COMMERCIAL BLVD
STE 303
FT LAUDERDALE FL 33310

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROCKEFELLER, WINTHROP		1.2 NAME	
STREET ADDRESS	124 W CAPITOL STE 1590		1.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	IMMERNUT, MEL		2.2 NAME	
STREET ADDRESS	1 CHASE MANHATTAN PLZ 54TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME	PEEL, ELLEN		4.2 NAME	
STREET ADDRESS	2419 E COMMERCIAL BLVD, STE 303		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
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 (4/97)

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

SIGNATURE: X Ellen M Peel 7/25/97