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**Jan 23, 1999 8:00am**
**Secretary of State**

01-23-1999 90031 018 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15899

1. Corporation Name
THE BILLFISH FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2419 E. COMMERCIAL BLVD #303<br>FT LAUDERDALE FL 33308 | PO BOX 8787<br>FT LAUDERDALE FL 33310<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 07/16/1986 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number 59-2694327 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PEEL, ELLEN<br>2419 E COMMERCIAL BLVD<br>STE 303<br>FT LAUDERDALE FL 33310 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | |

14. I 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, with all other like empowered.

**SIGNATURE:** E SIGNATURE REQUIRED 1/5/98 954 938 0150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)