

**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 # **N37323 (5)**

1. Corporation Name

**FLORIDA KEYS FISHING TOURNAMENTS, INC.**



Principal Place of Business

Mailing Address

110 SHIPS WAY  
BIG PINE WAY FL 33043  
US

500 FLEMING ST  
KEY WEST FL 33040

3. Date Incorporated or Qualified  
**03/29/1990**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5 Ships Way**

26

4. FEI Number  
**65-0294922**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution



**\$5.00 May Be Added to Fees**

23 **Big Pine Key, Fl.**

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes  No

24 **33043-3114**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPOTTSWOOD, WILLIAM B.  
500 FLEMING ST  
KEY WEST FL 33040**

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

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 **DP**  DELETE  
NAME **SHARPE, JIM**  
STREET ADDRESS **110 SHIPS WAY**  
CITY-ST-ZIP **BIG PINE KEY FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ~~**QVST**~~  DELETE  
NAME **WETTERMAN, CHARLES**  
STREET ADDRESS **100460 QVS HW**  
CITY-ST-ZIP **KEY LARGO FL**

2.1 TITLE **DPST**  Change  Addition  
2.2 NAME **DAIE BITTNER**  
2.3 STREET ADDRESS **PO Box 1299**  
2.4 CITY-ST-ZIP **Key West, Fl. 33040**

TITLE **D**  DELETE  
NAME **NAVARRO, DAVE**  
STREET ADDRESS **1996 OVS HWY**  
CITY-ST-ZIP **MARATHON FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ~~**D**~~  DELETE  
NAME **ADAMS, CRAWFORD**  
STREET ADDRESS **208 W SEAVIEW CIR**  
CITY-ST-ZIP **MARATHON FL**

4.1 TITLE **D**  Change  Addition  
4.2 NAME **Michael Currie**  
4.3 STREET ADDRESS **88 Key Haven**  
4.4 CITY-ST-ZIP **Key West, Fl. 33040**

TITLE **D**  DELETE  
NAME **ELLIS, GARY**  
STREET ADDRESS **PO BOX 273 N/A**  
CITY-ST-ZIP **ISLAMORADA FL**

5.1 TITLE **DV**  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **WHALTON, MICHAEL**  
STREET ADDRESS **P.O. BOX 4045 N/A**  
CITY-ST-ZIP **KEY WEST FL**

6.1 TITLE **D**  Change  Addition  
6.2 NAME **Findlay Sinclair**  
6.3 STREET ADDRESS **12 Bay Dr.**  
6.4 CITY-ST-ZIP **Key West, Fl. 33040**

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:

*Jim Sharpe* **Jim Sharpe** **2-14-96** **305-745-1530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)