


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90121 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37646

1. Corporation Name

JUPITER INLET OFFSHORE FISHING CLUB, INC.

Principal Place of Business

P O BOX 3088
 TEQUESTA FL 33469

Mailing Address

P O BOX 3088
 TEQUESTA FL 33469



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/12/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0187534	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
25		30		8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

~~PERSONS, WILLIAM H~~
 127 DUNES EDGE ROAD
 JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name **PERSONS, H. WILLIAM**
 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

H. WILLIAM PERSONS, TREASURER

H.W. Persons 4-15-99

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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEEBE, JACQUELINE	1.2 NAME	BEEBE, ED
STREET ADDRESS	115 BEACH SUMMIT COURT	1.3 STREET ADDRESS	115 BEACH SUMMIT COURT
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLON, RICK	2.2 NAME	LOSQUADER, JOYCE
STREET ADDRESS	1315 COMMERCE LANE	2.3 STREET ADDRESS	8829 S.E. RIVERFRONT TERRACE
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	TEQUESTA, FL. 33469
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAN	3.2 NAME	
STREET ADDRESS	PO BOX 364 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSONS, WILLIAM H	4.2 NAME	PERSONS, H. WILLIAM
STREET ADDRESS	127 DUNES EDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, JAN	5.2 NAME	
STREET ADDRESS	61 DUNBAR RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTH, JOHN	6.2 NAME	
STREET ADDRESS	5815 STONEWOOD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	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 119.073(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:

H. WILLIAM PERSONS, TREASURER

4-15-99

561 745-1884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)