


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45090** (0)

1. Corporation Name

ANCHORAGE LADIES BILLFISH TOURNAMENT, INC.



Principal Place of Business P.O. BOX 27381, BAY POINT PANAMA CITY FL 32411	Mailing Address P.O. BOX 27381, BAY POINT PANAMA CITY FL 32411-7381
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1991		3a. Date of Last Report 02/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3124064		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOEHN, CAROL 627 AMBERJACK DR. BOX 27988 PANAMA CITY FL 32411				THEONNE HARRIS 909 W. 39th ST. BOX 859 PANAMA CITY PANAMA CITY FL 32405			

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 **THEONNE HARRIS** *Theonne Harris* **4/28/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, DEANNA			1.2 NAME	MILLER, DEANNA		
STREET ADDRESS	BOX 842, 7513 TALMADGE AVE.			1.3 STREET ADDRESS	7513 TALMADGE AVE		
CITY-ST-ZIP	LYNN HAVEN FL			1.4 CITY-ST-ZIP	LYNN HAVEN FL 32444		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS THEONNE			2.2 NAME	HARRIS THEONNE		
STREET ADDRESS	BOX 27477, 909 W. 39TH ST.			2.3 STREET ADDRESS	PO BOX 859		
CITY-ST-ZIP	PANAMA CITY FL			2.4 CITY-ST-ZIP	909 W 39th ST PANAMA CITY FL 32405		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEEKS, BARBARA			3.2 NAME			
STREET ADDRESS	6508 HILLTOP AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOEHN, CAROL			4.2 NAME			
STREET ADDRESS	627 AMBERJACK DR., BOX 27988			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY 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	HOEHN, BARRY			5.2 NAME			
STREET ADDRESS	627 AMBERJACK DR., BOX 27988			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, DOROTHY			6.2 NAME			
STREET ADDRESS	4425 THOMAS DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL			6.4 CITY-ST-ZIP			

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 *Theonne Harris* **4/28/97** **909 W 39th St**

CR2E037 (9/96)