

5-12-98 B- 7081 -C
FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45181 (7)
1. Corporation Name
TARPON UNLIMITED, INC.

Principal Place of Business
**6900 BIRD ROAD
MIAMI FL 33155
US**

Mailing Address
**P.O. BOX 558567
MIAMI FL 33255**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/17/1991	
4. FEI Number 59-3050753	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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
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 SILVA, CECILIA 5800 SW 42 TERRACE MIAMI FL 33155	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, CECILIA 5800 SW 42 TERRACE MIAMI FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIELA MAYBIN CALLE MADERIA, QTA. MARISELA LA CALIFORNIA SUR, CARACAS ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON FAIRFOOT, PISO 2 APTO 22 EDIF. EL SOCORRO AVE. CARACAS, VENEZUELA ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENDREE, TERRY 450 N. PARK ROAD STE 710 HOLLYWOOD FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	XX Change ☐ Addition PD Terry McKendree 3660 Poinciana Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO VARTORELLA, WILLIAM 277 PECK WOOD DRIVE CAMDEN SC ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRERA, TOM 450 N. PARK ROAD STE. 170 HOLLYWOOD FL XXX DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☒ Addition D Kurnig, Mario Res. Palmar Este, #86 Ave. La Caraballeda, Venezuela Costanera

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.

SIGNATURE: **Terry McKendree** **4/17/98**

CP2E037 (10/97)