


3-4 971 B-2610 C
FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47070 (0) 1. Corporation Name EVERGLADES BASS ANGLERS, INC.			
Principal Place of Business 1940 NW 32 ST OAKLAND PAR FL 33309		Mailing Address 1940 NW 32 ST OAKLAND PAR FL 33309-5724	
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	
3. Date Incorporated or Qualified 01/27/1992		3a. Date of Last Report 04/03/1996	
4. FEI Number 65-0316052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 CUMMINS, B.J. 400 SE EIGHTH ST FT LAUDERDALE FL 33316		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	
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 <i>[Signature]</i> B.J. CUMMINS DATE 3-3-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DD	<input type="checkbox"/> DELETE	1.1 TITLE TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIEGLER, JAY		1.2 NAME T/D	
STREET ADDRESS 1940 NW 32ND STRET		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORSETT, MIKE		2.2 NAME	
STREET ADDRESS 54 NE 25 ST		2.3 STREET ADDRESS	
CITY-ST-ZIP WILTON MANORS FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDANIEL, BOB		3.2 NAME S/D	
STREET ADDRESS 7441 SW 42 CT		3.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NYDAM, JERRY		4.2 NAME P/D	
STREET ADDRESS 2371 NE SIXTH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE DD	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NYDAM, JOHN		5.2 NAME D	
STREET ADDRESS 496 NW 47 CT		5.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULER, JOHN		6.2 NAME V/D	
STREET ADDRESS 238 SW SEVENTH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP DANIA 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: <i>[Signature]</i> JAY E. ZIEGLER DATE 3-3-97 <small>Signature and typed or printed name of signing officer or director</small>			

CR2E037 (9/96)