

FILE NOW: FILING FEE IS \$61.25



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
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 PARK FL 33309

Mailing Address

1940 NW 32 ST  
OAKLAND PARK FL 33309

2. Principal Place of Business

21 Suite, Apt. #, etc.

28 Mailing Address

26 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip

29 Zip

24 Country

30 Country

3. Date Incorporated or Qualified

01/27/1992

4. FEI Number

65-0316052

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  ever has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

CUMMINS, B.J.  
400 SE EIGHTH ST  
FT LAUDERDALE FL 33316

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

*B. J. Cummins*

4-15-98

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, JAY		1.2 NAME	
STREET ADDRESS	1940 NW 32ND STREET		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	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, BOB		3.2 NAME	
STREET ADDRESS	7441 SW 42 CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		3.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYDAM, JERRY		4.2 NAME	
STREET ADDRESS	2371 NE SIXTH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYDAM, JOHN		5.2 NAME	
STREET ADDRESS	496 NW 47 CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, JOHN		6.2 NAME	
STREET ADDRESS	238 SW SEVENTH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA 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 119.07(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: *John Schuler* REQUIRED

4-15-98

CR2E037 (10/97)