

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90024 002 \*\*\*\*61.25

**DOCUMENT # N47070**

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



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/27/1992	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0316052	
Country		Country		Applied For	
25		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CUMMINS, B.J.		81 Name		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
400 SE EIGHTH ST		82 Street Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33316		83			
		84 City		85 Zip Code	
		FL			

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZIEGLER, JAY	
STREET ADDRESS	1940 NW 32ND STRET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORSETT, MIKE	
STREET ADDRESS	54 NE 25 ST	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCDANIEL, BOB	
STREET ADDRESS	7441 SW 42 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NYDAM, JERRY	
STREET ADDRESS	2371 NE SIXTH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NYDAM, JOHN	
STREET ADDRESS	496 NW 47 CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHULER, JOHN	
STREET ADDRESS	238 SW SEVENTH ST	
CITY-ST-ZIP	DANIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ziegler, Jay	
1.3 STREET ADDRESS	1940 N.W. 32nd St.	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robinson, Chris	
2.3 STREET ADDRESS	600 N.E. 7th Ave.	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McDaniel, Bob	
3.3 STREET ADDRESS	7441 S.W. 42nd Ct.	
3.4 CITY-ST-ZIP	Davie, FL 33314	
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nydam, Jerry	
4.3 STREET ADDRESS	2371 N.E. 6th Ave.	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33064	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Griffin, Lyn	
5.3 STREET ADDRESS	1503 N.E. 1st Ave.	
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33304	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Taylor, Kelly	
6.3 STREET ADDRESS	12451 S.W. 10th Ct.	
6.4 CITY-ST-ZIP	Davie, FL 33325	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0005147

583816-90024-2  
N47070

PD

Nydam, Jerry

2371 NE Sixth Ave.

Pompano Beach, Fl. 33064

VD

Taylor, Kelly

12451 SW 10th Ct

Davie, Fl. 33325

SD

McDaniel, Bob

7441 SW 42 Ct.

Davie, Fl. 33314

TD

Ziegler, Jay

1940 NW 32 St.

Ft Lauderdale, Fl. 33309

D

Nydam, John

496 NW 47 Ct.

Ft Lauderdale, Fl. 33309

D

Griffin, Lyn

1508 NE 1 Ave.

Ft Lauderdale, Fl. 33304

D

Robinson, Chris

600 NE 7th Ave.

Ft Lauderdale, Fl. 33304