
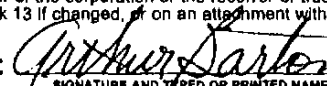


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000006005 (0) 1. Corporation Name CONCH REPUBLIC FISHING TOURNAMENT, INC.			
Principal Place of Business % CAPT. ART BARTON P.O. BOX 2005 KEY WEST FL 33045		Mailing Address % CAPT. ART BARTON P.O. BOX 2005 KEY WEST FL 33045	
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	
9. Name and Address of Current Registered Agent HANKINS-FIELDER, LYNNE ESQ. 19960 OVERSEAS HIGHWAY SUGARLOAF KEY FL 33042		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MCGINN, PHILIP STREET ADDRESS 2000 FOGARTY AVE. CITY-ST-ZIP KEY WEST FL 33040 <input checked="" type="checkbox"/> DELETE		1.1 TITLE P 1.2 NAME MCGARTHUR BARTON 1.3 STREET ADDRESS 1410 ASHBY ST. 1.4 CITY-ST-ZIP KEY WEST, FL. 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SOLDANO, ANTHONY STREET ADDRESS 3207 HARRIET AVE. CITY-ST-ZIP KEY WEST FL 33040 <input checked="" type="checkbox"/> DELETE		2.1 TITLE VP 2.2 NAME MCGINN, PHILIP 2.3 STREET ADDRESS 2000 FOGARTY AVE 2.4 CITY-ST-ZIP KEY WEST, FL. 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LUOMA, STEVE STREET ADDRESS 1410 ASHBY STREET CITY-ST-ZIP KEY WEST FL 33040 <input checked="" type="checkbox"/> DELETE		3.1 TITLE D 3.2 NAME SOLDANO, ANTHONY 3.3 STREET ADDRESS 3207 HARRIET AVE 3.4 CITY-ST-ZIP KEY WEST, FL. 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME BARTON, ARHTUR STREET ADDRESS 1410 ASHBY ST. CITY-ST-ZIP KEY WEST FL 33040 <input checked="" type="checkbox"/> DELETE		4.1 TITLE ST 4.2 NAME LUOMA, STEVE 4.3 STREET ADDRESS 1410 ASHBY ST. 4.4 CITY-ST-ZIP KEY WEST, FL. 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AGIN, EDWIN STREET ADDRESS 1820 CATHERINE ST. CITY-ST-ZIP KEY WEST FL 33040 <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:  ARTHUR BARTON 7-7-98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E037 (5/98)