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Secretary of State

04-29-1999 90256 041 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001924

1. Corporation Name

YOUTH FISHING FOUNDATION, INC.

Principal Place of Business

14751 S.W. 252 STREET
HOMESTEAD FL 33032

Mailing Address

14751 S.W. 252 STREET
HOMESTEAD FL 33032

451178 - 90256 - 41



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/04/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0750456	
Country		Country		Applied For	
24		30		<input checked="" type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
PORCO, SAMUEL S JR. 14751 S.W. 252 STREET HOMESTEAD FL 33032				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

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

SAMUEL S. PORCO JR.

PRESIDENT

4-26-99

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	PD	1.1 TITLE	
NAME	PORCO, SAMUEL S JR.	1.2 NAME	
STREET ADDRESS	14751 S.W. 252 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	PORCO, ANTHONY	2.2 NAME	
STREET ADDRESS	4963 OXFORD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	FERRAR, DIANA	3.2 NAME	
STREET ADDRESS	25220 S.W. 147TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	MAYNARD, DAVID	4.2 NAME	
STREET ADDRESS	8260 S.W. 105 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SAMUEL S. PORCO JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

305-258-1367

Daytime Phone #

CR2E037 (1/98)