

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19367 (2)

1. Corporation Name

SPORT FISHING INDUSTRIES INCORPORATED

Principal Place of Business

207 EAST BLUE HERON BLVD.
RIVIERA BEACH FL 33404-4544

Mailing Address

207 EAST BLUE HERON BLVD.
RIVIERA BEACH FL 33404-4544



3. Date Incorporated or Qualified
05/24/1988

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 8087 MONETARY DR

26 8087 MONETARY DR

4. FEI Number
65-0040488

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-6# E-1

27 # E-1

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 RIVIERA BEACH FL

28 RIVIERA BEACH FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

24 33404

29 33404

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name WILLIAM C. MUNDT
82 Street Address (P.O. Box Number is Not Acceptable)
8778 SE RIVERFRONT TERRACE
83
84 City TEQUESTA FL 85 Zip Code 33469

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

WILLIAM C. MUNDT, VICE-PRESIDENT 4-22-96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MUNDT, RAY B.
STREET ADDRESS 300 THORNBROOK AVE.
CITY-ST-ZIP ROSEMONT PA ☐ DELETE

1.1 TITLE P/O/C ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP: 19010

TITLE VST
NAME MUNDT, WILLIAM C.
STREET ADDRESS 207 E. BLUE HERON BLVD.
CITY-ST-ZIP RIVIERA BEACH FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8778 SE RIVERFRONT TERRACE
2.4 CITY-ST-ZIP TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

407-845-1043

Daytime Phone #

CR2E034 (12/95)