## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002076 (7)

FISHWORKS, INC.

Principal Pase of Business  104 SURF DRIVE COGOA BEACH FL 32931		Mailing Address 104 SURF DRIVE COCOA BEACH FL 32831-3310						
		,			3. Date Incorporated or Qualified 11/03/1992	3a. Date of 06/27/19		pod
2. Principal ( 21	Place of Basiness	2a. Maling Address 26			4. FEI Number 59-3150382			plied For t Applicable
Suite, Apt. #. éte 22]		Suite, Apt. #. etc.		5. Certificate of Status Desired	1) '	\$8.75 Additional Fee Required		
City 8 Str. [23]	tte.	City & State			Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> Added to	May Be o Fees
Ζιρ <b>24</b>			Country 30	<i>'</i>		Yes 🛄 No	)	199 032,
	9. Name and Address of Curre	nt Registered Agent	81	I Name	10. Name and Address of New Reg	Jistered Agen	t	
	H, GERALD N		[61					
	SURF DRIVE COA BEACH FL 32931		82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		-
000	DON BENOTITE GEGOT		83	<u> </u>			***************************************	
			84	City		85	Zip C	lode
				'		. FL.   .	1.	
agent ca SIGNATURE	and fanciar with land accept the oblig	nations of, Section 607.0505, Flor	rida Statute	S.	poration submits this statement for the pation's board of directors. I hereby acception with the pation of the pat	DATE		
12.	I D	DELETE	1.1 TITLE		ADDITIONS/CHARGES TO OFFICE		Change	Addition
NAME	FISH, GERALD N		1.2 NAME				-	
STREET ACORS in			1.3 STREE	I ADDRESS				
1. 1Y - \$1 - Zift	COCOA BEACH FL 32931			\$1 - 7IP			· · · · · · · · · · · · · · · · · · ·	171 (42)
THE NAM		L DELETE	2.1 THLE 2.2 NAME				Change	L Addition
SDRELLADEGESS				1 ADDRESS				
(04Y - 51 - 21P			2. 4 CITY-	1				
• 1∏, <b>£</b>		☐ DELETE	3.1 TITLE				hange	Addition
NAME	:		3.2 NAME					
STREET ADDRESS				T ADDRESS				
CLY SEZE		T DELETE	34 CITY-	ST-ZIP		······································	Change	Addition
NAME		□1 ntrut	4 1 TITLE 4 2 NAME			<u> </u>	uidiiAe	F1 Munitoti
NSML STREET ACORESIS				T ADDRESS				
CIBY ST ZIE			4 4 DITY - 5	1				
THIE		☐ DELETE	5.1 THLE				Change	Addition
MAM			5 2 NAMā					
STREET AT UNITS			5.3 STREE	I ADDRESS				
City S ZIP			5.4 CITY - :	ST- ZIP				
11.16		☐ DELETE	6 1 117 LE	}		L] (	Change	Add-tion

6.2 NAME 6.3 STREET ADDRESS

14. Lido horeby certify first 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 suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Brock. 12 or Block. 13 if charged, or on an attachment with an address.

SIGNATURE:

NAME

STREET ADDISSO

ICNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97

407-783-4326

**FILED** 

Mar 26 1997 8:00am

Secretary of State

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