

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P92000003543

1. Corporation Name
EVERGLADES ANGLER, INC.

Principal Place of Business
12TH AVENUE SOUTH
FL

Mailing Address
810 12TH AVENUE SOUTH
NAPLES FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

WARD, MARK
2040 LONGBOAT DR
SUITE 101
NAPLES FL 34104

3. Date Incorporated or Qualified

11/10/1992

4. FEI Number

65-0373097

5. Certificate of Status Desired

Applied For
Not Applicable
\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax

Yes No

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 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

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12.

OFFICERS AND DIRECTORS

DELETE

DP
WARD, MARK
2040 LONGBOAT DR
NAPLES FL

DELETE

DELETE

DELETE

DELETE

DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

2040 LONGBOAT DR

34104

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 607, Florida Statutes; and that my name appears in the report.

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90260 013 ***150.00

CD/F034 (11/99)

4/22/99 941 262 8228