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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P92000005811

1. Corporation Name  
FISHING TACKLE UNLIMITED, INC.

Principal Place of Business

10786 SW 188 ST  
MIAMI FL 33157

Mailing Address

10786 SW 188 ST  
MIAMI FL 33157

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

23

29

Zip

24

25

Country

29

Zip

30

Country

30

9. Name and Address of Current Registered Agent

VANDEMARK, GARY  
10786 SW 188 ST  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name **TED SHANE VANDEMARK**

82 Street Address (P.O. Box Number is Not Acceptable)

10786 S.W. 188 ST.

83

84

City **Miami**

FL 85 Zip Code **33157**

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.)

3/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**  DELETE  
NAME **VANDEMARK, GARY**  
STREET ADDRESS **10786 SW 188 ST**  
CITY-ST-ZIP **MIAMI FL 33157**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President**  Change  Addition  
1.2 NAME **TED SHANE VANDEMARK**  
1.3 STREET ADDRESS **10786 S.W. 188 ST.**  
1.4 CITY-ST-ZIP **Miami, FL 33157**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 (305) 234-3410

Date Daytime Phone #

3/11/99 305 234-3410

0231537

CR2E034 (11/98)