

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 # P93000029332 (2)

1. Corporation Name

MOMAR SPORT FISHING, INC.



Principal Place of Business

11175 WILLMINGTON BLVD  
ENGLEWOOD FL 34224  
US

Mailing Address

11175 WILLMINGTON BLVD  
ENGLEWOOD FL 34224  
US

3. Date Incorporated or Qualified  
04/21/1993

3a. Date of Last Report  
10/19/1995

2. Principal Place of Business

21 2950 N. BEACH RD.

Suite, Apt. #, etc.

22 A131

City & State

23 ENGLEWOOD, FL.

Zip

24 34223

Country

25 US

2a. Mailing Address

26 2950 N. BEACH RD.

Suite, Apt. #, etc.

27 A131

City & State

28 ENGLEWOOD, FL.

Zip

29 34223

Country

30 US

4. FEI Number

65-0396222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A  
460 S. INDIANA AVE.  
ENGLEWOOD FL 34223

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 ROBERT A. DICKINSON

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

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

4/23/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME CAMBELL, III M  
STREET ADDRESS 11175 WILLMINGTON BLVD  
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE V ☐ DELETE  
NAME MARTIN, ERIC  
STREET ADDRESS 961 MILLCREEK CIRCLE  
CITY-ST-ZIP ELGIN IL 60123

TITLE S ☐ DELETE  
NAME MARTIN, DON  
STREET ADDRESS 2950 N BEACH RD ATP A-131  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE T ☐ DELETE  
NAME MARTIN, DON  
STREET ADDRESS 2950 N BEACH RD APT A-131  
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 941-474-3334

CR2E034 (12/95)