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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029332 (2)

1. Corporation Name

MOMAR SPORT FISHING, INC.

Principal Place of Business

Mailing Address

2950 N BEACH RD.  
A131  
ENGLEWOOD FL 34223  
US

2950 N BEACH RD  
A131  
ENGLEWOOD FL 34223-9173  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

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 607.0102 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)

Robert A. Dickinson

DATE

4/30/97

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

SIGNATURE:

DON MARTIN

04/30/97

944-474-3334  
615-773-7946

CR2E034 (9/96)