## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

P93000037193 (8)

Mailing Address

FISHTALES & SURFSHOP, INC.

103 MAX BREWER MEMORIAL PARKWA TITUSVILLE FL 62796	Y 103 MAX BREWER ME TITUSVILLE FL 62796	MORIAL PARKWAY	3. Date Incorporated or Qualified 05/17/1993	3a. Date of Last Report 04/26/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
<del>"</del>	26		59-3184607	Not Applicable
Suile, Apt # etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Courilry 25 25	29 Zip 32796	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032,   Yes [] No
9. Name and Address	of Current Registered Agent		10. Name and Address of New Re-	gistered Agent
BROCKETT, WINSTON M 1280 N OLD DIXIE AVE TITUSVILLE FL 32796	1	81 Name 82 Street Ad 83	dress (PO Box Number is Not Acceptab	e)
		84 City		FL 85 Zip Code
office or registered agent, or both in agent. I am familiar with, and accept SIGNATURE	n the State of Florida. Such change was it the obligations of Section 607.0505. F	authorized by the corpora	poration submits this statement for the pution's board of directors. Thereby accept	the appointment as registered $6 - / 2 - 96$ nar:
12. OFF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PSD	DELETE	11 TiTLE		Change Add ann
NAME BROCKETT, WINS	TON M	1.2 NAME		
STREET ADDRESS 1260 N OLD DIXIE	AVE	13 STREET ADDRESS		
CITY-ST-ZIP TITUSVILLE FL 32	780 (32796)	1.4 CITY - ST - ZIP		
TITLE	DELETE	2.1 THE		Change Addition
NAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY ST-ZIP		2 4 CITY - ST - ZiP		
TITLE	DELETE	3 1 7171 F		Change Add-tion
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADDRESS .		
CITY-ST-ZIP		3.4 CITY - ST - ZIP		
TITLE	DELETE	4.1 TiTLE		Change Addition

64 CITY - ST ZIP 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 1 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

4 2 NAME

51 THLE

5.2 NAME

6.1 TITLE

6.2 NAME

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CiTY - ST - ZIP

4 4 CITY - ST - ZIP

**SIGNATURE:** 

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

DELETE

DELETE

6-12-96 407-267-1841

Change Addition

Change Addition