FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000001986 (6)

DOCU 1. Corporation	MENT # P9400	00001986	(6)					
	OR MADE SPORT FISHING		. ,					
Principal Place of Business M.		Maling Address						
77 ALBERTA AVE. PONCE INLET FL		77 ALBERTA AVE. PONCE INLET FL						
			_		3. Date Incorporated or Qualified 01/03/1994	3a. Date	of Last R 5/01/1 8	•
2. Principal Place of Business		2a. Mailing Address	F 1		4. FEI Number	-		Applied For
Suite, Apt. #, etc.		26	· • ··• ··· ·· · ··· · · · · · ·		59-3214803			Not Applicable
22		Suite, Apt. #, etc	27]		5. Certificate of Status Desired			Additional
Crty & State		· ·	City & State		6. Election Campaign Financing			Required
23		28	28		Trust Fund Contribution			0 May Be d to Fees
Z(p)	Country 25	Z(p)			8. This corporation has liability for intangible tax unider s 199,032, Florida Statutes □ No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R		gent	
				Name				· · · · · · · · · · · · · · · · · · ·
TOUNG, BRIAN R ESQ 619 N. GRANDVIEW AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
			L					
DAYTO	NA BEACH FL 32118		83	'				
			84	City		FL	85 Zu	p Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida St	atutes the above	Lamed como	ration submits this statement for the pur	— 7. T	Ling ito a	onial and off on
Or register	ed agent, or both, in the State of Flora th, and accept the obligations of Sect	ua. Buco chance was allin	ROBZECLIOV THE COR	oration's boa	ration submits this statement for the pur ird of directors. Thereby accept the appoint	pose of char pintment as r	egistered	agent Lam
SIGNATURE	-							
Signature: typed in protect range of regularity per 12. OF EICERS AND		er (front agreceté) (2001). Engele et Apirol signicire, resimi DI DIRECTORS 13.			DATE			
TITLE	DPT	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFF	·	DIRECTO Change	
NAME		FORMAN, CHRIS				L_	, Change	Addition
STREET ADDRESS	77 ALBERT AVE.		T 2 NAME 13 STREE	1 ACOKESS				
CITY-ST-ZIP	PONCE INLET FL 32127		14 CITY -					
TITLE	DVS	DELFTE :		<u> </u>			Change	Addition
NAME	FORMAN, JACQUELYN						· ·	
STREET ADDRESS	77 ALBERT AVE.		2.3 STREE	LADDRESS				
CITY-ST-ZIP	PONCE INLET FL 32127		2.4 C-TY :	S1 - 71F				
TITLE	☐ DELETE		3 1 THEF				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 S1886	TAUCHESS				
CITY-ST-ZIP	D BOOK!		34 CB) -5	S1 - 20F				
TITLE	DELETE		4 † TIILE				Change	☐ Addition
NAME STREET ADDRESS	ness		4.2 NAME					
CITY - ST - ZIP				LADDRESS				
TITLE			44 CHY-5 5 1 INLE	ST - /IF				FT 4422
NAME			5.2 NAME			اا	Change	Add tion
STREET ADDRESS			5.3 STREET	I ADORECC				
CITY-ST-ZIP			5.4 CiTY-5					
TITLE	☐ DELETE		6 1 Tille				Change	Addit on
NAME			6.2 NAME	+		٥	3.	
STREET ADORESS			6.3 STRLET	LADDHESS				
CITY-ST-ZIP		···	6.4 City 5	Į.				

14. I do hereby certify that the information supplied with this filing is vountarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes: I further certify that the information indicated on this annual report or supplicamental annual report is true and accurate and that my signature shall have the same legal effect as if made under cart, that I am an officer or director of the concent on or this redeven or flusted 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 attachament with an address.

SIGNATURE: <

5/31/96