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Feb 17 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morand Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000021509 (2)

1. Corporation Name

HOOK, LINE & SINKER, INC.

Principal Place of Business

6495 TURTLE MOUND ROAD  
NEW SMYRNA BEACH FL 32169

Mailing Address

6495 TURTLE MOUND ROAD  
NEW SMYRNA BEACH FL 32169-4000

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

AMERILAWYER, CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	SARLO, LOUIS J	
STREET ADDRESS	107 HICKORY STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	DST	DELETE
NAME	SARLO, SHERRI S	
STREET ADDRESS	107 HICKORY STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

3. Date Incorporated or Qualified 03/21/1994	3a. Date of Last Report 12/20/1996
4. FEI Number 59-3231362	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
1. Name	
2. Street Address (P.O. Box Number is Not Acceptable)	
3. City	FL 85 Zip Code

I, the undersigned, being a duly qualified and authorized officer or director of the corporation, hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath; that I have caused this report to be prepared and filed as required by Chapter 607, Florida Statutes; and that my name is the name of the corporation as it appears on the records of the Secretary of State.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1	DP Sarlo, Louis J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	6495 Turtle Mound Rd
1.3	New Smyrna Beach, FL 32169
1.4	DST Sarlo, Sherri S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	6495 Turtle Mound Rd.
2.2	New Smyrna Beach, FL 32169
2.3	
2.4	
3.1	
3.2	
3.3	
3.4	
4.1	
4.2	
4.3	
4.4	
5.1	
5.2	
5.3	
5.4	
5.5	
6.1	
6.2	
6.3	
6.4	
6.5	
6.6	

I, the undersigned, being a duly qualified and authorized officer or director of the corporation, hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath; that I have caused this report to be prepared and filed as required by Chapter 607, Florida Statutes; and that my name is the name of the corporation as it appears on the records of the Secretary of State.

SIGNATURE: *[Signature]*

CR2E034 (9/96)