

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 20 1999 8:00 am
Secretary of State

DOCUMENT # P94000021509

1. C. *Company Name*
Hook Line & Sinker
Bait & Tackle Shop
6495 Turtle Mound Road
New Smyrna Beach, FL 32169

Pr *Principal Office*
Hook Line & Sinker
Bait & Tackle Shop
6495 Turtle Mound Road
New Smyrna Beach, FL 32169

Mailing Address
Hook Line & Sinker
Bait & Tackle Shop
6495 Turtle Mound Road
New Smyrna Beach, FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3-21-94	
4. FEI Number 55-343,362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business Hook Line & Sinker Bait & Tackle Shop 6495 Turtle Mound Road New Smyrna Beach, FL 32169	28. City or State New Smyrna Beach, FL 32169
24. Zip 32169	29. Country USA

9. Name and Address of Current Registered Agent AMERI LAWERS Chartered 343 AMERICA AVE. CORAL GABLES FLA 33134	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE 0	SECRETARY <input checked="" type="checkbox"/> DELETE	1.1 TITLE SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SHERRI SARLO		1.2 NAME LOUIS J. SARLO	
STREET ADDRESS 6495 TURTLE MOUND RD		1.3 STREET ADDRESS 6495 TURTLE MOUND RD	
CITY-ST-ZIP NEW SMYRNA FLA 32169		1.4 CITY-ST-ZIP NEW SMYRNA FL 32169	
TITLE D.S.P.	D.S.P. <input checked="" type="checkbox"/> DELETE	2.1 TITLE D.S.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D.S.P.		2.2 NAME LOUIS J. SARLO	
STREET ADDRESS 6495 TURTLE MOUND RD		2.3 STREET ADDRESS 6495 TURTLE MOUND RD	
CITY-ST-ZIP NEW SMYRNA FLA 32169		2.4 CITY-ST-ZIP NEW SMYRNA FLA 32169	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE 100003006301--9	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS -10/05/99--01101--001	
CITY-ST-ZIP		3.4 CITY-ST-ZIP *****61.25 *****61.25	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis J. Sarlo* 8-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)