

Apr 30 1997 8:00am  
Secretary of State

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

1. Corporation Name  
**TOURNAMENT FISHERMEN'S CHAMPIONSHIP, INC.**

Principal Place of Business	Mailing Address
2305 BEACH BLVD STE 109 JACKSONVILLE BEACH FL 32250 US	2305 BEACH BLVD STE 109 JACKSONVILLE BEACH FL 32250-4031 US

<b>3. Date Incorporated or Qualified</b> <b>04/01/1994</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3248463</b>		Applied For	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**HOULD, STEPHEN A**  
708 N THIRD ST  
JACKSONVILLE BEACH FL 32250

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

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 of person of printed name of registered agent and title if applicable	(NOTE: Register Agent signature required when reinstating)	DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, KEN	1.2 NAME	
STREET ADDRESS	2305 BEACH BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOST, HOBART	2.2 NAME	
STREET ADDRESS	2305 BEACH BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, BILLY	3.2 NAME	
STREET ADDRESS	2305 BEACH BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BEACH FL 32250	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

904 249 8200 <sup>CH</sup> 2

CR2E034 (9/96)