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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037901 (3)

COLE'S BAIT & TACKLE, INC.

Principal Prace	e of Business	Mailing Address	ailing Address			00100 11111 10610 10111 0016	I HIJH LEER
9698 SW 328 ST HOMESTEAD FL 33030 US		28085 SW 143 CT HOMESTEAD FL 33033-11 US	HOMESTEAD FL 33033-1702				
•					3. Date Incorporated or Qualified	3a. Date of Last R	eport
					05/19/1994	05/19/1994 04/05/1996	
·	face of Business	26. Mailing Address			4. FEI Number		plied For
21		26 Suita Ant. # 515		65-0495621		t Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired Fee Required		equired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country					
24	25 29		30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curre		1001	·	10. Name and Address of New Reg		
SAI IC	RRAY, COLE D		81	Name			
	01 S.W. 296 ST.		82	Ctroat Ada	lress (P.O. Box Number is Not Acceptab	(6)	
	MESTEAD FL 33030		04	Street Add	iress (P.O. Box Number is Not Acceptab	ie)	
1101	MEGIEND I E GOOG		83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the abov	e-named cor	poration submits this statement for the p	urpose of changing it	ts registered
agent La	registered agent, or both, in the stat im families with, and accept the obli	gations of Section 607.0505, F	Florida Statute	sy ine corpora es.	ation's board of directors. I hereby accept		registered
SIGNATURE	(101 K) 11	unair			/-/	14-97	
	Sighanne Typed or printed name of registered a			gent signature requ	ulred when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TITLE			L Change	Addition
NAME	MURRAY, COLE D		1.2 NAME				
STREET ADDRESS	19901 S.W. 296 ST.			T ADDRESS			
CITY-ST-ZIP TITLE	HOMESTEAD FL 33030	DELETE		ST-ZIP		Change	Addition
	HAMILTON, LINDA		21 TITLE			Onange	Rudillon
NAME	19901 S.W. 296 ST.		22 NAME 23 Street Address				
STREET ADDRESS	HOMESTED FL 33030		2 4 CITY-ST-ZIP				
CITY+SI+ZIP TITLE	DELETE		31 TITLE	- 51-214		☐ Change	Addition
NAME			32 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			34. CITY				
TITLE	DELETE			4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAM			,	
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
C(TY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE				☐ Change	Addition
NAMÉ		*	6.2 NAME				
STREET ADDRESS			6.3 STRE	ET AODRESS			
City+St-2iP			6.4 CITY				
informatic	on indicated on this annual report or	r supplemental annual report is	s true and acc	curate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	il effect as if made un	der oath; that
Lam an d	officer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee empo	owered to exe	cute this repo	ort as required by Chapter 607, Florida S	statutes; and that my	name

SIGNATURE:

SCHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OFFICEROOF

1-14-57

230 30 90

FILED

Jan 24 1997 8:00am

Secretary of State