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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039630 (6)

GORDON'S BAIT & TACKLE, INC.

5							
Principal Place 2627 SW 27 AV		8	Mailing Address 275 NE 156 STREET			, , , , , , , , , , , , , , , , , , , ,	
MIAMI FL		MIAMI FL 33	MIAMI FL 33162-5029				
		US				3. Date Incorporated or Qualified	3a. Date of Last Report
						05/23/1994	05/01/1996
	lace of Business	2a. Mailing A	Address			4. FEI Number	Applied For
Suite, Apt	# 4.1	26 Suite, Ap	t # ptc			65-0494949	Not Applicable \$8.75 Additional
22	-, the	27	π, οιο.			5. Certificate of Status Desired	Fee Required
City & State	e	City & St	ale			6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution	Added to Fees
Zφ	Country	Zip		Country		8. This corporation has liability for	
24	[25] 9, Name and Address of C	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		30		Florida Statutes 10. Name and Address of New R	Yes No egistered Agent
חחד	D, CHRISTINE			81	Name		
	NE 156TH ST			82	Street A	ddress (P.O. Box Number is Not Accepta	hle)
	MI FL 33162				On CELT	Gardos (F.O. Dok Harrison is 110) Pocopia	
}				83			
				84	City		FL 85 Zip Code
11 Pursuant	to the provisions of Sections 66	17.0502 and 607.1508.	Iorida Statute	s the above	a-named c	orporation submits this statement for the	
I office or re	egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such of	change was au	uthorized by	the corpo	pration's board of directors. I hereby acce	opt the appointment as registered
"	ти талинат мил, али ассерт тве	obligations of, Section	607.0303, FRA	Ma Sialules	5 .		
SIGNATURE	Styliation, typed or protest name of registe	ored agent and the Tupp icable	(NOTE	Registered Age	nt signature re	equired when reinstating)	DATE
12.		RS AND DIRECTORS	1 001 016	13.	т	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
THE	D CHOISTINE	L	DELETE	1 1 THTLE 1 2 NAME		D TOD CHRISTINE	
NAME STREET ADJRESS	TODD, CHRISTINE 275 NE 156TH 2 €+165€	ජ		1.3 STREET	ADDOCCO	275 NE 156 ST	*
COTY-ST ZIF	MIAMIFL 3242	•		1.4 CITY - S	T-7IP	TODD, CHRISTINE 275 NE 156 ST. MIAMI, FL 3316	2
TOTLE			DELETE	2.1 TITLE		1 11 11 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Change Addition
NAME				2.2 NAME	Ì		
STREE! ADDRESS				2.3 STREET	ADDRESS		
C TY+S1+ZiP			DELETE	2. 4 CITY - 5	ST-ZIP		Change Madding
TITLE NAM:		L.	_] DELETE	3 1 TITLE 3 2 NAME			☐ Change ☐ Addition
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY - 51 - 7IP				3.4. CITY-5			
TITLE			DELETE	4.1 TITLE			Change Addition
NAMÉ				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS	· ·	
CHY-SI-ZiP	· · · · · · · · · · · · · · · · · · ·	·····	l pri ere	4.4 CITY - S	T-21P		Observa I Addition
TITLE		L	DELETE	5.1 TITLE			Change Addition
NAME CLOSEL ASSOCIACI				5.2 NAME 5.3 STREET	ADODECC		
SIRFET ADDRESS CITY+ST-Z-r				5.3 STREET			
TITLE			DELETE	61 TITLE			Change Addition
NAME.				62 NAME			
STREET ADDRESS				6 3 STREET	ADDRESS		44

64 CITY-ST-ZIP

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiper or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

14. I do hereby certify that the information information information and cated on this annual roll am an officer or director of the corporappears in Block 12 or Block 13 if characteristics.

2-17-97 447:63

FILED

Feb 27 1997 8:00am

Secretary of State