

PROFIT CORPORATION ANNUAL REPORT 2001



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

FILED May 17, 2001 8:00 am Secretary of State 05-17-2001 91289 009 ***150.00

DOCUMENT # P94000053321

1. Corporation Name SEIZOR FISHING PRODUCTS, INC.

Principal Place of Business

240 CAPTAINS WALK, #504 DELRAY BEACH FL 33483 JS

Mailing Address

SEIZOR FISHING PRODUCTS, INC 240 CAPTAINS WALK, #504 DELRAY BEACH FL 33483 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1994

4. FEI Number 05-0511646 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

2a. Mailing Address

2b Suite, Apt. #, etc.

2c City & State

2d Zip Country

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES INC 100 NE THIRD AVE SUITE 1100 FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

I, Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

2. OFFICERS AND DIRECTORS

FILE	P BIEGERT, REX	<input type="checkbox"/> DELETE
NAME	240 CAPTAINS WALK, 504	
STREET ADDRESS	DELRAY BEACH FL	
CITY-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
FILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *Rex Biegert* SIGNATURE AND TYPE: REX BIEGERT, DIRECTOR DATE: 4-27-01 DAYTIME PHONE #: 561-274-0995