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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # P9400071981 (2) 1. Corporation Name FISH MASTER, INC.									
Principal Place of Business Mailing Address 18212 DEEP PASSAGE LN 18212 DEEP PASSAGE LN FT MYERS BEACH FL 33931 FT MYERS BEACH FL 33931) 1681/48t tile 1911/ 2191/ 621/1 2011/ 2011/ 2011/ 2011/ 2011/ 2011/ 2011/		
							 Date Incorporated or Qualifity 09/27/1994 		ate of Last Report 04/11/1995
Principal Plac	e of Busines	SS		. Mailing Adoress			4. FEI Number 65-0524236		Applied For Not Applicab
Suite, Apt. #,	etc.		26	Suite, Apt. #, etc.			5. Certificate of Status Desired	d []	\$8.75 Additional
]			27	0.000			6. Election Campaign Financin		Fee Required \$5.00 May Be
City & State			28	City & State			Trust Fund Contribution	IJ	Added to Fees
Zip	[Country		Zip	├ ──	untry	8. This corporation has liability	y for intangible Yes [] No	tax under s 199.032,
		25 and Address of Curr	29		30	T	Florida Statutes LJ 10. Name and Address of N		d Agent
	g, Name	and Address of Con	ent riegi	atorea Agam		81 Name			
	LARRY D					82 Street Add	dress (P.O. Box Number is Not Acc	eptable)	
	an Carlo	S BLVD				83			
SUITE 20	is Beach	FL 33931							. 85 Zip Code
						84 City		F	
or registere	d agent, or n, and accer	both, in the State of Fl of the obligations of, S	lorida. Suc ection 60	ch change was authori	izea by the	corporation's Lio	ard of difectors, thereby accept the	appointment.	
HANATURE						o Agent signature requi	oration submits this statement for the aid of directors. I hereby accept the aireo when reinstaing?	DATE	
ignature		or printed name of registered as	gent and fit e	if applicable. (N	NOTE: Registere	o Agent signature requi		DATE	ND DIRECTORS IN 12
IGNATURE S	Signature, typed o	or printed name of revistered as OFFICERS	gent and fit e	it applicable. (N	NOTE: Registere 13.	o Agent signature requi	ireo when reinsta ing!	DATE	
GNATURE S	D SCHMIC	or printed name of revistered as OFFICERS	gerk and fit e AND DIRE	if applicable. (N	NOTE: Registere 13. 1 1 1.21	o Agent signature requi	ireo when reinsta ing!	DATE	ND DIRECTORS IN 12
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GNIVIG OFFICER OR DIRECTOR

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