

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077892 (5)

1. Corporation Name

MAHOGANY SPORTS FISHING CLUB, INC.



Principal Place of Business

Mailing Address

1060 NW 85TH STREET
MIAMI FL 33150

1060 NW 85TH STREET
MIAMI FL 33150

3. Date Incorporated or Qualified
10/20/1994

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 65-0534051

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRYANT, ROBERT
1060 NW 85TH STREET
MIAMI FL 33150

81 Name

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

83

84 City

FL

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 type for principal and other persons designated to bind corporation

(If filer Registered Agent signature required, check box below)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME O'BRYANT, ROBERT
STREET ADDRESS 1060 NW 85TH STREET
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

11 TITLE P.E.C.
12 NAME O'Bryant, Robert
13 STREET ADDRESS 1060 NW 85th St
14 CITY-ST-ZIP MIAMI FL 33150 ☒ Change ☐ Addition

TITLE D
NAME WAY, ANTHONY
STREET ADDRESS 17711 NW 12TH AVE
CITY-ST-ZIP MIAMI FL 33169 ☐ DELETE

15 TITLE V
16 NAME Tony Way
17 STREET ADDRESS 17711 NW 12th Ave
18 CITY-ST-ZIP MIAMI FL 33169 ☒ Change ☐ Addition

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

19 TITLE D
20 NAME Ron Flowers
21 STREET ADDRESS 19235 NW 8th
22 CITY-ST-ZIP 33169 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

23 TITLE S
24 NAME Barbara Estivane
25 STREET ADDRESS 2723 NW 60th St
26 CITY-ST-ZIP MIAMI FL 33147 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

27 TITLE T
28 NAME Clyde Haynes
29 STREET ADDRESS 12750 NW 27th Ave apt 20
30 CITY-ST-ZIP MIAMI FL 33054 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
35 100001927551
36 -08/20/96--01163--031
37 ***233.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

8/4/96 305-694-1757

CR2E034 (3/96)