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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016868 (8)

JUST FI	SHING, INC.					
Principal Plac	e of Business	Mailing Address				is 84 int oldso bises tolso biset olde foot
1335 N.E. 129TH STREET NORTH MIAMI FL 33161			1335 N.E. 129TH STREET NORTH MIAMI FL 33161-4328			
					3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report 05/01/1996
2. Principa! P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0620888	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		******	C Florian Compaign Financian	
	c	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Z(p)	Country	Zip	Countr	 y	8. This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egistered Agent
MAF	ROULES, LEON R		81	Name		
	EAST BROWARD BLVD.		82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	TE 1210	•		ļ		
FT.	LAUDERDALE FL 33301		83	i		
			84	City		85 Zip Code
	(0.40, 0.70)	00 007 1000 Elecide Otel	den No ebe	10 000000000000000000000000000000000000	poration submits this statement for the	FL 65 Zip Code
office or t	to the provisions of Sections cor.ob registered agent, or both, in the Stat an fanahar with, and accept the obliq	le of Florida. Such change was	authorized b	y the corpora	tion's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE			STEE BY THE STEE			DATE
12.	Signature, typed or printed name of registered as CEFICERS AN	gunt and little if applicable (NU ND DIRECTORS	13.	jent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFI	
Tild	PSTD	DELETE	1.1 TITLE		ADDITIONAL OF THE OWNER OWNER OF THE OWNER OW	Change Addition
NAME	PANELLA, JOHN		1.2 NAME			•
STREET ADDRESS	% 1335 N.E. 129TH ST.		1.3 STREE	T ADDRESS		
CITY-ST ZIP	NORTH MIAMI FL 33161		1.4 CITY -	·		
THLE	D	DELETE	2.1 TITLE		,	Change Addition
NAME	MINNECI, JOSEPH		2.2 NAME	i i	•••	- 125 ₅
STREET ACORESS	% 1335 N.E. 129TH ST.		2.3 STREE	T ADDRESS	•	
CHY-ST ZIE	NORTH MIAMI FL 33161		2. 4 CITY	ST - ZIP		
THE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CHY-St ZIF			3.4. CITY			[] About
101.6		☐ DELETE	4.1 FITLE			Change Addition
NAME			4, 2 NAM			
STREET ADDRESS			1	T ADDRESS		
(HY-ST-7₽		DELETE	4.4 CITY-			Change Addition
Tille		L'1 pereje	5.1 TITLE			m owninge m volution
MAME CONTRACTOR			5.2 NAME			· ·
STREET ADDRESS				T ADDRESS		
(11Y-51-Z# 1-03	And a second sec	DELETE	54 CiTY- 61 TITLE			Change Addition
1 ft f		ET perie	62 NAME	1		hand windings hand reducing
NAME CIDE LE ADADLOS				T ADDRESS		
STREET ADDRESS			03 51 MEE	.: ADURESS		

14. To hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclocated on this annual report or supplemental equal 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 exproration or the receiver or custee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapted, or on an attachment with an address.