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

**PROFIT** CORPORATION

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1998	JHI 🌘		Secreta DIVISION OF	ary of State CORPORAT	IONS	Secretary of Si	tate
DOCUMENT # P95000021805 (3) FISHERMENS CATCH, INC.								
Principal Plac	e of Busines	\$	Mailing Ad	idress				
1022 N FEDERAL HWY .720 N.EBTH AVE. BOYNTON BEACH FL 33435 BAYNTON BEACH FL 33435						DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualified		
			6.30				03/16/1995	
2. Principal P	lace of Busin	iess	2a. Mailing	Address			4. FEI Number Ap	plied For
21 Suite Ant	# otc		26 Suite	Ant # ata			\$0.7E	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired Section 5.	
City & State	9		City &	State DYN7	on B	EACH	6. Election Campaign Financing \$5,00 Trust Fund Contribution Added	
Zip		Country	Zip		Count		8. This corporation owes or has paid the current year Int.	
24		25 and Address of	29 29 A	aent	30		Personal Property Tax due June 30. Yes L	J No
RII	LS, SCOTT		our our magnetores re	<b>y</b> om	В	1 Name		
	37 HAVERH				8	2 Street Add	ame.	
LAKE WORTH FL 33463							tress (P.O. Box Number is Not Acceptable) NE 81h Avenue	
-					8	Boynton Beach		
					8			Code 435
11. Pursuant	to the provisi	ons of Sections	607.0502 and 607.1508	Florida Statu	tes, the abo	ve-named corr	poration submits this statement for the purpose of changing it	s registered
office or n	egi <b>ste</b> red ag miliat wi	ent, or both, in t	the State of Florida, Such the obligations of Section	n change was n 607.0505. F	authorized l	by the corpora	poration submits this statement for the purpose of changing it ation's board of directors. I hereby accept the appointment as	registered
SIGNATURE								
	Signature typed		restored agent and title if application. FRS AND DIRECTORS	le (NO		gent signature requi	ired when reinstating) DATE	DC IN 40
12.	D	OFFIC	THE WIND DIRECTORS	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change	Addition
NAME	BILLS, S	COTT			12 NAM	,	_ •	l
STREET ADDRESS	MAGAIN AND AND				1.3 STRE	FT ADDRESS		
CITY-ST-ZIP	BOYNTO	N BEACH FL			1.4 CITY	-ST-ZIP		
TITLE				DELETE	2.1 TITLE		Change	Addition
NAME					2.2 NAM			
STREET ADDRESS						E1 ADDRESS		J
CITY-ST-ZIP TITLE				DELETE	2 4 CITY 3.1 TITLE		☐ Change	Addition
NAME					3.2 NAM			
STREET ADDRESS				,		ET ADDRESS		ì
CITY-ST-ZIP					3.4. CITY	- ST- ZIP		
TITLE				☐ DELETĒ	4.1 TITLE		☐ Change	Addition
NAME					4. 2 NAM	t t		
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP TITLE				DELETE	5.1 TITLE		Change	Addition
NAME					5.2 NAM			
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP	_				5.4 CITY	ĺ		
TITLE				DELETE	6.1 TITLE		· Change	Addition
NAME					6.2 NAM	E		
STREET ADDRESS					6.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP					6.4 CITY	- ST - ZIP		]

14. Thereby 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Suns hello

Scott Bills

4-8-98 561-732-6793

**FILED** 

Apr 15 1998 8:00am