## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

		•
DOCUMENT #	P95000037525	(9)

HCA FISHING SUPPLY, INC.

Dinainal Diag	of Durings	Malina Address			
Principal Plac		Mairing Address			
	BTH TERRACE OD FL 33021	2421 N. 58TH TERRAC HOLLYWOOD FL 3302	_		
				3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		65-055049	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes     Yes	
	9. Name and Address of Curr		<del>                                     </del>	10. Name and Address of New Re	egistered Agent
			81 Name	DEMEN DEM	بد في في
THEL	AW FIRM OF LAWRENCE J SP	iegel Chrtd	82 Street Add	ress (P.O. Box Number is Not Acceptable	
ı	LMERIA AVENUE		24	21 11. 5847 7	efface.
	L GABLES FL 33134		83		
			84 City Z	<u></u>	or Zn Codo
			°"  CTY #75	MUNDON	FL I®   多家のフィ
11. Pursuant or registe familiar w	ered agent, or hold in the State of Fix vith, and account the obligations of, Se	origa trash ciyange was authorize cig 1901) 505, Elerida Statutes.	ed by the corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its registered office intment as registered agent. I am
40	Signature appeal or printed name of registered at	NO DIRECTORS	TE: Registered Agent signature require 13.	ed when reinstating)  ADD/TIONS/CHANGES TO OFFK	CERC AND DIRECTORS IN 12
12.	OFFICERS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	- Change Addition
NAME	DEPINA, HECTOR R	L. Decerie	1.2 NAME	ice tres, sec. DARMEN DEPL MAIN N. 5841 TE HOLLY WOOS. FL	RA.
STREET ADDRESS	ALAL N. CATH TERRALAE		1.3 STREET ADDRESS	ARHEN JEE	PPACE
	HOLLYWOOD FL 33021		1.4 CITY- ST-ZIP	Jan A Same	33001
CITY - ST - ZIP TITLE	MODETWOOD TE GOGET	☐ DELETE	2. 1 TITLE	Tury was I v	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADORESS		
CITY-ST-7IP			2.4 CITY-ST-ZIP		
TITLE	<del></del>	☐ DELETE	3 171718		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	[		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4.2 NAME		
STREE? ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
1	Ī	•	5.2 NAME		

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 in this annual report or unperferental 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 12 or Block 12 or on an attachment with an address.

MING OFFICER OR DIRECTOR

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TiTLE

6.2 NAME

**SIGNATURE** 

STREET AGORESS

STREET ADDRESS

CITY - ST-2IP

TITLE

NAME

4/1/96

954-962-9814

Change Addition