

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000040900 (9)

1. Corporation Name

GORE CREEK FLY FISHERMAN, INC.

Principal Place of Business

3758 SOUTHEAST OCEAN BLVD.
STUART FL 34996

Mailing Address

3758 SOUTHEAST OCEAN BLVD.
STUART FL 34996

2. Principal Place of Business

21 Suite, Apt. #, etc.

28a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 25 Country 26

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

LOKAY, MARK C
1289 N.E. OCEAN BLVD.
SUITE 2
STUART FL 34996

81 Name

LOKAY, MARK C

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

3123 NE Ivy Lane

83

84 City

Jensen Beach

FL 34957

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LOKAY, MARK 3758 SE OCEAN BLVD STUART FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	D LOKAY, CHRISTINE 3758 SE OCEAN BLVD STUART FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 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.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1995

4. FEI Number
65-0620258

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)