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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000067740 (7)

FANTASY FISHING, INC.

FILED May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						# 13011801 110 1018: #[16: 00011 0\$111 00	(41 98 11 8 81111 f 98	it 1981) 91811	A Bit (BB)
177 PLANTATION OR 177 PLANTATION DR TAVERNIER FL 33070 TAVERNIER FL 33070-2315					ï	1.			
TAVERNIEH FL	33070	IAVEHNIEK	FL 330/0-2315						
						3, Date Incorporated or Qualified 09/01/1995		of Last R /1996	eport
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number		ΔE	pplied For
21		26				65-0618286		 +	ot Applicable
Suite, Apt.		Suite, A	ρt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	e	City & S	State			6. Election Campaign Financing	_	\$5.00	
23	T Co retu	28	r·	Country		Trust Fund Contribution		Added t	
Zip 24	Country	<u></u>	Zip Cour 29 30			8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes		. 199.032,	
24	25 9. Name and Address of Cur		ient 3	<u> </u>	<i></i>	10, Name and Address of New R		-	
MUE	RPHY, MICHAEL J			81	Name				
	PLANTATION DR			82	Ctroot Add	Issas (D.O. Day Number of Not Appoint	h-(-)		
	ERNIER FL 33070				Street Add	dress (P.O. Box Number is Not Acceptable)			
				83	h				
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508,	Florida Statutes	the above	named cor	poration submits this statement for the		hanging it	s registered
office or r	registered agent, or both, in the SI im familiar with, and accept the ob	ate of Florida. Such	change was auf	horized by	the corpora	ation's board of directors. I hereby acco	opt the appoi	ntmont as	registered
SIGNATURE	and subsection of	ingular to on obolio	. 00. 100001 . 1011	CALLICA					
SIGNATORE	Signature, typed or printed name of registered		(NOTE F		nt signature requ	rred when re-ristating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF			
TITLE	P MURPHY, MICHAEL J		DELETE	1.1 TITLE			L] Change	Addition
NAME	177 PLANTATION DR			1.2 NAME					
STREET ADDRESS	TAVERNIER FL 33070			1.3 STREE1					
CITY-ST-ZIP TITLE	ST ST		DILETE	1.4 CITY - S 2.1 TITLE	I-ZIP			Change	Addition
NAME	MURPHY, PAMELA J			2.2 NAME			_	_ Onungo	resulton
STREET ADDRESS	177 PLANTATION DR			2.3 STREET	MACIBLES				ŀ
CITY-ST-ZIP	TAVERNIER FL 33070			2 4 CHY-5					
TITLE			DELETE	31 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				
CITY-ST-ZIP				3 4. CITY - S	I - 7IP				
TITLE			DELFTE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREFT	ADDRESS	•			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T NEW TOY	4.4 CITY - S	1 - ZIP			1 01.	
TITLE		l	DELETE	5.1 TITLE			L] Change	Addition
NAME				5.2 NAME	100000				
STREET ADDRESS				5.3 \$TREET					ì
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-S 6.1 TITLE	1 - ZIP			Change	Addition
NAME		ı		6.2 NAME	1		L	Junariye	LI AUDIUI
STREET ADDRESS				6.3 STREET	AUDBESS				
CITY-ST-ZIP				6.4 CITY - S					
	L by certify that the information suor	olied with this filing o	does not qualify			d in Section 119.07(3)(i), Florida Statut	es. I further o	ertify that	the

Information indicated on this annual report or supplemental and underport 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 corperation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an altacument with an address.