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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000067740 (7)

FANTASY FISHING, INC.

Principal Place of Business

Mailing Address

## FILED Apr 30 1998 8:00am Secretary of State



| 177 PLANTATION DR<br>TAVERNIER FL 33070 |  | 177 PLANTATION DR<br>TAVERNIER FL 33070 |                                     | DO NOT WRITE IN T  | HIS SPACE   |                                       |                                   |      |
|---|--|---|-------------------------------------|--------------------|---|---------------------------------------|-----------------------------------|------|
|   |  |   |                                     |                    | 3. Date Incorporated or Qualified   |                                       |                                   | 7    |
|   |  |   |                                     |                    | 09/01/1995  |                                       |                                   | _    |
| 2. Principal Place of Business          |  | 2a, Mailing Address                     |                                     | 4. FEI Number      |   | Applied For                           |                                   |      |
| 21                                      |  | 26                                      | · • · · · · · · · · · · · · · · · · |                    | 65-0618286  | · · · · · · · · · · · · · · · · · · · | Not Applicable                    | 1    |
| Suite, Apt. #, etc.                     |  | Suite, Apt. #, etc.                     | 27                                  |                    | 5. Certificate of Status Desired  |                                       | 5 Additional<br>Required          |      |
| City & State                            |  | City & State                            | B                                   |                    | 6. Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees           |                                   |      |
| Zip<br>24                               | Country<br>25                                      | Zip<br>29                               | Country<br>30                       |                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |                                       |                                   |      |
|   | g, Name and Address of Currer                      | nt Registered Agent                     |                                     |                    | 10. Name and Address of New Registe   | red Agent                             |                                   |      |
| N                                       | IURPHY, MICHAEL J                                  |   |                                     | 81 Name            |   |                                       |                                   |      |
|   | 77 PLANTATION DR                                   |   | 1                                   | B2 Street Ad       | ddress (P.O. Box Number is Not Acceptable)  |                                       |                                   | ┨    |
|   | AVERNIER FL 33070                                  |   | [                                   |                    |   |                                       |                                   |      |
|   |  |   | [1                                  | 83                 |   |                                       |                                   | 7    |
|   |  |   | }-                                  | 84 City            |   | <b>85</b> Zi                          | p Code                            | 4    |
|   |  |   |                                     |                    |   |                                       |                                   | 4    |
| office or r                             | egistered agent, or both, in the State             | of Florida. Such change was a           | uthorized                           | by the corpo       | orporation submits this statement for the purporation's board of directors. I hereby accept the     | se of changing<br>appointment a       | g its registered<br>as registered |      |
| agent. I a                              | m familiar with, and accept the oblig              | ations of, Section 607.0505, Flo        | rida Statu                          | iles.              |   |                                       |                                   |      |
| SIGNATURE                               | Signature, typed or printed name of registered ago | ent and title if applicable (NOT)       | Registered                          | Agent s gnature re | equired when reinstating) DA  | ATF                                   | <del></del>                       | ـ ا  |
| 12.                                     | OFFICERS AN  |   | 13.                                 |                    | ADDITIONS/CHANGES TO OFFICERS   |                                       | ORS IN 12                         | þ    |
| TITLE                                   | P  | DELETE                                  | 1.1 1/11                            | LE                 |   | Change                                | e Addition                        |      |
| NAME                                    | MURPHY, MICHAEL J                                  |   | 1.2 NA                              | ME                 |   |                                       |                                   |      |
| STREET ADDRESS                          | 177 PLANTATION DR                                  |   | 1.3 STRE                            |                    |   |                                       |                                   | F034 |
| CITY-ST-ZIP                             | TAVERNIER FL 33070                                 | ~                                       |                                     | Y-ST-ZIP           |   |                                       |                                   | _ ည  |
| TITLE                                   | <b>ST</b>  | DELETE 2.1 TI                           |                                     | TE                 |   | Change                                | e Addition                        | C    |
| NAME                                    | MURPHY, PAMELA J                                   |   | 2.2 NA                              | ME                 |   |                                       |                                   |      |
| STREET ADDRESS                          | 177 PLANTATION DR                                  |   | 2.3 STR                             | IEET ADDRESS       |   |                                       |                                   | 1    |
| CITY-ST-ZIP                             | TAVERNIER FL 33070                                 |   |                                     | Y-ST-ZIP           |   |                                       |                                   | _    |
| TITLE                                   | ☐ DELETE 3.1 T                                     |   | 3.1 T(T)                            | .F                 |   | L Change                              | e Addition                        | ĺ    |
| NAME                                    |  |   | 3.2 NAM                             | VIE                |   |                                       |                                   | 1    |
| STREET ADDRESS                          |  |   |                                     | EFT ADDRESS        |   |                                       |                                   |      |
| CITY-ST-ZIP                             |  | DELETE                                  |                                     | Y+ST-ZIP           |   | Change                                | Addition '                        | -    |
| TITLE                                   |  |   | 41 1810                             | t t                |   | ☐ Change                              | e L Addition                      | -    |
| NAME<br>OTOGET ADDRESS                  |  |   | 4. 2 NA                             |                    |   |                                       |                                   |      |
| STREET ADDRESS                          |  |   | 1                                   | EET ADDRESS        |   |                                       |                                   |      |
| CITY-ST-ZIP<br>TITLE                    |  | DELETE                                  | 5.1 1(T)                            | Y-ST-ZIP           |   | Change                                | e Addition                        | ┨    |
| NAME                                    |  | - otter                                 | 5.2 NAM                             | i                  |   |                                       |                                   |      |
| STREET ADDRESS                          |  |   |                                     | EET ADDRESS        |   |                                       |                                   |      |
| CITY-ST-ZIP                             |  |   |                                     | Y-ST-ZIP           |   |                                       |                                   | 1    |
| TITLE                                   |  | DELETE                                  | 6.1 TITL                            |                    |   | ☐ Change                              | e                                 | †    |
| NAME                                    |  | land                                    | 6.2 NAM                             | ,                  |   |                                       |                                   |      |
| STREET ADDRESS                          |  |   |                                     | EET ADDRESS        |   |                                       |                                   |      |
| CITY-ST-ZIP                             |  |   | - 6                                 | Y-ST-ZIP           |   |                                       |                                   |      |
|   | partiful that the information supplied w           | ith this films does not qualify fo      |                                     |                    | in Section 110 07/200 Florida Statutos   Justin   | n                                     | ha infavaration                   | 4    |

4. 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 informatio indicated on this annual report or supplemental annual report is type 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 authority an address.

SIGNATURE: MAS IN

4/23/98