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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081553 (6)

FLORIDA KEYS FISHING, INC.

Principal Place of Business Se05 NORTHSIDE COURT KEY WEST FL 33040		Mailing Address 3605 NORTHSIDE COURT KEY WEST FL 33040-4258					
					 Date Incorporated or Qualified 10/24/1995 	d 3a. Date of Last Report 05/01/1996	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For		
21		26		65-0620635	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zφ	· · · · · · · · · · · · · · · · · · ·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No		
24	25 9. Name and Address of Curre	nt Bogistered Agent	[30]		10. Name and Address of New		
		iii negisteleu Agelit	81	Name	10, Name and Address of Nov	Hogistorou Agont	
SMITH, WILLIAM H							
	NORTHSIDE COURT		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
KEY WEST FL 33040			83	ļ			
			"	'			
			84	City		FL 85 Zip Code	
44 Burguent	to the provisions of Sections CO7 OS	02 and 607 1600 Florida Stati	itoe the abov	o namod	corporation submits this statement for th		
office or r	egistered agent, or both, in the State	o of Florida. Such change was	authorized b	y the corp	corporation submits this statement for the location's board of directors. I hereby ac-	cept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, F	Torida Statute	S.			
SIGNATURE						DATE	
40	Signature, typed or printed name of registered ag	NO DIRECTORS	13.	ent signature	required when reinstating)	FICERS AND DIRECTORS IN 12	
12.	P	DELEVE	1.1 TITLE	T		Change X Addition	
NAME	SMITH, WILLIAM H	C better	1.2 NAME		D	the state of the s	
STREET ADDRESS	3805 NORTHSIDE COURT			I ADDRESS			
•	KEY WEST FL		1.3 SINCE	i			
CITY-\$T-ZIP	ST WEST FL	DELETE	21 1BLE	21 - 7P	<u> </u>	Change X Addition	
NAME	SMITH, MARGARET A	L. Octob	2 2 NAME		D		
	3605 NORTHSIDE COURT			T ADDRESS			
STREET ADDRESS	KEY WEST FL			ŧ			
CITY-ST+ZIP TITLE	V V	DELETE	2 4 CITY- 31 TITLE	51-211		Change Addition	
NAME	CASS, JAMES J	- Parent	3 2 NAME	Į			
STREET ADDRESS	1811 SADENBERG AVE			T ADDRESS			
	KEY WEST FL 33040		34 CITY				
CITY-ST-ZIP TITLE	I THE TIEST IE SOUTE	DELFTE	41 TITLE	G1-4H		Change Addition	
NAME			4 2 NAM	.			
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4 4 CITY -				
TITLE		DEVETE	5 1 TITLE	01 211		Change Addition	
NAME			5 2 NAME				
STREET ADDRESS			1	T ADDRESS			
***************************************			5 4 CITY-				
CITY-ST-ZIP		DELETE	61 THLE	01-11		Change Addition	

62 NAME

14. I do 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 eath; 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 William H. Smith

FILED

May 01 1997 8:00am

Secretary of State