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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000084877 (6)

FLORIDA SHARK BITES, INC.

Principal Place of Business									
	TAMIAMI		SUITE	303					

Mailing Address

3400 S. TAMIAMI TRAIL, SUITE 303 SARASOTA EL 34239-8023

FILED Feb 12 1997 8:00am Secretary of State



SARASOTA FL 34239		5AHASOTA FL 34239-8023									
			·			3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1996					
Principal Place of Business 2e. Mailing Address						4. FEI Number			pplied For		
21 312 E. Venice Ave. 26 312 E. Venice Ave			Ave	•	65-063077	8		ot Applicable			
Suite, Apt #, etc Suite, Apt, #, etc. 22 Suite #109 27 Suite #109					5. Certificate of S	tatus Desired	1 1 '	Additional lequired			
City & State 23 Venice			28	City & State Venice.	FL			6. Election Camp Trust Fund Co	-) May Be to Fees
Zip		Country USA		Zip 24202		Country				intangible tax under s	s. 199.032,
24 34292	25 0 Name an	d Address of Cur	29	34292	30	USA		Florida Statute		Yes XXNo	
JAEN	NSCH, PETER		On Togo	torou regoni	•	81	Name P	vrard, Miche		green our regions	
		TRAIL, SUITE 30	3			82		Idress (P.O. Box Number		ole)	
	ASOTA FL 342					L	3	12 E. Venice	Ave., Sui	te #109	
						83					
						84	City V	enice,		FL 85 Zip	S92
11. Pursuant	to the provision	s of Sections 607.0	502 and 60	07.1508, Florida Sta	tutes, t	he abov	e-named co	propretion submits this s	tatement for the p	urpose of changing	its registered
office or r agent. I a	registated agent im fathyar kith,	i, or both, in the Str and accept the ob	ate of Floric ligations of	ia. Such change wa "Section 607.0505,	is autho Florida	orized bi Statute	y the corpo s.	ration's board of directo	rs. I hereby accer	of the appointment as	s registered
SIGNATURE	112		Niche	EVRAR	\mathcal{D}^{-}				(08/06/	97
12.	Signature, typed or p	onted name of registered OFFICERS			IÖTE: Rec	istered Ag	ent signature re	quired when reinstating)	ANGES TO OFFIC	DATE CERS AND DIRECTO	DC IN 12
TE.	D	OFFICENS?	AND DAMES	DELETE		1.1 TITLE		D	ANGES TO OFFIC	KX Change	Addition
NAME	EVRARD, MI	CHEL			1	1.2 NAME		Evrard, Mich	el		
STREET ADDRESS	125 W. VEN						ADDRESS	312 E. Venio			
CITY-ST-ZIP	VENICE FL 3	34285				1.4 C(TY~ 8	ST-ZIP	Venice, FL	34292		
TITLE				DELETE		2.1 TITLE				Change	Addition
NAME	1					2.2 NAME					
STREET ADDRESS					1	2.3 STREE	1 address				
CITY - ST - ZIP	ļ			- Document		2. 4 CITY-	ST-ZIP			Change	Addition
TITLE				DELETE		3.1 TITLE		•		L., Change	L_] Abultion
NAME					1	3.2 NAME	4 4 DODECC				
STREET ADDRESS	1						T ADDRESS				
CITY-ST-ZIP TITLE				DELETE		3.4. CITY - 4.1 TITLE	51-ZIP			Change	Addition
NAME						4. 2 NAME	j				_
STREET ADDRESS						4.3 STREE	T ADDRESS				
CITY - ST - ZIP	1				1	44 CITY-	ST-ZIP				
TITLE				DELETE		51 TITLE				Change	Addition
NAME						5.2 NAME					
STREET ADDRESS	ļ					5.3 STAEE	T ADDRESS				
CITY-ST-ZIP					_	5.4 CITY-	ST-ZIP	······································		T1 x.	A 13/2
				DELETE		6.1 TITLE	Ţ			L Change	Addition Addition
TITLE	l			Lad Deterio			Į.				
TIBLE NAME				La person		6.2 NAME					
				End Decision	j		T ADDRESS				

4. 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 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 have or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/97 (941)4840808