

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000088975 (4)**

1. Corporation Name
SANIBEL LIGHT TACKLE OUTFITTERS, INC.



Principal Place of Business 2025 PERIWINKLE WAY SANIBEL ISLAND FL 33957	Mailing Address 2025 PERIWINKLE WAY SANIBEL ISLAND FL 33957-4103
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3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 07/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0626666	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RIZZO, THOMAS F
2025 PERIWINKLE WAY
SANIBEL ISLAND FL 33957**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEXANDER, STEPHEN		1.2 NAME HELO ALFRED M JR	
STREET ADDRESS 1278 SANCASLE ROAD		1.3 STREET ADDRESS 939-BEACH ROAD	
CITY-ST-ZIP SANIBEL ISLAND FL 33957		1.4 CITY-ST-ZIP SANIBEL ISLAND FLA 33957	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE V.S.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RIZZO, THOMAS F		2.2 NAME BOARDMAN JOHN	
STREET ADDRESS 2340 PERIWINKLE WAY, SUITE J-2		2.3 STREET ADDRESS 946-BEACH ROAD	
CITY-ST-ZIP SANIBEL ISLAND FL 33957		2.4 CITY-ST-ZIP SANIBEL ISLAND FLA 33957	
TITLE VSD	<input type="checkbox"/> DELETE	3.1 TITLE T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELO, AL JR.		3.2 NAME RIZZO THOMAS F	
STREET ADDRESS 939 BEACH ROAD		3.3 STREET ADDRESS 2340-PERIWINKLE WAY J2	
CITY-ST-ZIP SANIBEL ISLAND FL 33957		3.4 CITY-ST-ZIP SANIBEL ISLAND FLA 33957	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: _____ 1/16/97 941-472-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034 (9/96)