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

**PROFIT** CORPORATION **ANNUAL REPORT** 

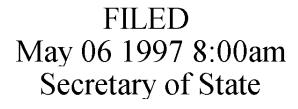


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000094466 (6)
ROSE BAY FISH CAMP, INC.



Principal Place of Business Mailing Address									
		-	Mailing Address				1 69116 19111	<b></b>	. <b>7</b> (11) 1661
1092 RIDGEWOOD AVE. HOLLY HILL FL 32117  1092 RIDGEWOOD AVE. HOLLY HILL FL 32117-2900									
						3. Date Incorporated or Qualified 12/13/1995		ate of Last F	Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	1 001		pplied For
21	/	26	26			APPLIED FOR 59-3	33590	047 N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional equired
City & Stal	te	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip	hamman i hamman hamman hamman hamman i		+ ·- ŋ	country 8. This corporate		8. This corporation has liability for	intangible	tax under s	s. 199.032,
24	25 9. Name and Address of Curre	29	[30]	r			Yes [		
CHA		ili negistered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
SHARE, FRED B 1092 RIDGEWOOD AVE.									
	LLY HILL FL 32117			82	Street Add	ess (P.O. Box Number is Not Acceptable)			
				83					
	•		-	84	City			<b>85</b> Zip	Code
44 Purpuant	to the provisions of Soctions 607.05	02 and 607 1509 Florida Statu	doc the of		named ask		ᅡᆫ		
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered at	gations of, Section 607.0505, F	iorida Stati	utes.		poration submits this statement for the partion's board of directors. I hereby acceptions the reinstatus of the statement of	ot the app	ointment as	registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	₹S IN 12
TITLE	D	☐ DELETE	1.1 111	ΓLF				Change	RS IN 12 Addition
· NAME	MAXWELL, ADRIAN 1092 RIDGEWOOD AVE.		1.2 NA						
STREET ADDRESS CITY-ST-ZIP	HOLLY HILL FL 32117				DORESS				
TITLE	D	DELETE	2.1 10	1Y - \$1 - ILF	/IF			Change	Addition
NAME	SANDERS, MARGUERITE 2.2		2,2 NA					L_1 change	Z Madijan
STREET ADDRESS	1092 RIDGEWOOD AVE.		2.3 \$1	REET A	DDRESS				
CITY-ST-ZIP	HOLLY HILL FL 32117		2. 4 CI	NY- \$1	- 7IP				
TITLE		☐ DELETE	3.1 111		1			Change	Addition
NAME			3.2 NA						ĺ
STREET ADDRESS CITY-ST-ZIP					ODRESS				
TITLE		DELETE	4.1 101	ITY-ST ILE	-1:1			Change	Addition
NAME			4 2 N/						2
STREET ADDRESS					DDRESS				
Y-ST-ZIP			4.4 CIT	TY-\$1-	ZIE				
i⊈E		DELETE	5.1 711	LF	1			Change	Addition
			5.2 NA	MF					
ADDRESS					DDRESS				
iv T- <b>Z</b> iP		DELETE		IY-\$1-	Z(F			T 0	Adden
		€ DETELE	6.1 TH					L Change	L_] Addition
DRESS			6.2 NA		DORESS				
	·.								
₹ herel	by certify that the information supplie	ed with the line does not qual	ify for the	exem	ention states	d in Section 119 07/3/(i) Florida Statute	s. I furthor	contify that	the

in action indicated on this annual report or supplying tall am ual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that in officer or director of the corporation or the regions or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is in Block 12 or Block 13 if changed, or many mytchy an address.