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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P96000022273 (2) DOCUMENT #

GULFSTREAM FISHING PRODUCTS, INC.

FILED Apr 09 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			
799 NE DIXIE HWY 799 NE DIXIE HWY					
JENSEN BEACH FL 34957		JENSEN BEACH FL 34957		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	E IN THIS SPACE
				03/08/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
211857 N	E Dixie Hwy	26 857 NE DIXI	e Hwy	65-0650018	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	FL	6. Election Campaign Financing	\$5.00 May Be
	n Beach, FL	28 Jensen Beach	1	Trust Fund Contribution	Added to Fees
Zip 241 3495	Country	29 34957 30	Country	8. This corporation owes or has p	
24 3495	9. Name and Address of Current	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0	Personal Property Tax due Juni 10. Name and Address of New R	
EINI	ESTONE, SCOTT D	Hogistoree Agent	81 Name	IG. Hallio and Adarbas of Hall I	agiotolog Agont
1624 SE GREEN ACRES CIR					
SUITE K-204			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
PORT ST LUCIE FL 34983			83		
					[5-1 5: 0
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0302 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		Sioth	tinestone -		4/3/98
	Signature lyped or printed name of registered agen		legislered Agent signature requ		DATE
TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	WEEKMAN, ERIC A		1.2 NAME		C onling C realition
STREET ADDRESS	801 NE ZEBRINA SENDA		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	FINESTONE, SCOTT D		2.2 NAME		1
STREET ADDRESS	1624 SE GREEN ACRES CIRC	LE STE K-204	2.3 STREET ADDRESS		1
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2. 4 CITY-ST-ZIP		in the second second
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		į	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		+
CITY-ST-ZIP		T occers	4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME CTRCCT ADDRESS			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		otter	6.2 NAME		C Change C realition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied wil	ti this filing does not qualify for I		n Section 119.07(3)(i). Florida Statutes.	I further certify that the information

indicated on this annual report or supplied with 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:

Scott Finestone

Vice-Assident