

5-19-97 B-1536 MC
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 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 # P96000031765 (6)

1. Corporation Name

THE SIGNAL BAIT COMPANY

Principal Place of Business

6217 SUNSHINE COURT
ORLANDO FL 32801

Mailing Address

6217 SUNSHINE COURT
ORLANDO FL 32801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 No change		26 2016 E. Olive St.		04/04/1996	none
22 Suite, Apt. #, etc.		27 Suite 17		4. FEI Number	Applied For / Not Applicable
23 City & State		28 Shorewood, WI		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip		29 53211		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25 Country		30 Milw. Co. USA		7. 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

ANDERSON, J P
930 SOUTH HARBOR CITY BLVD. #505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name	No change
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZ, CHRISTIAN R	1.2 NAME	No changes
STREET ADDRESS	2016 EAST OLIVE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHOREWOOD WI 53211	1.4 CITY-ST-ZIP	
TITLE	Vice President + Secretary	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUZ, CLARE	2.2 NAME	Officer only
STREET ADDRESS	2016 E. Olive St.	2.3 STREET ADDRESS	Clare Luz is not a Director
CITY-ST-ZIP	Shorewood, WI 53211 (sorry)	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V,3 Luz, Clare
STREET ADDRESS		3.3 STREET ADDRESS	2016 E. Olive St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Shorewood, WI 53211
TITLE		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		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		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0516056

CR2E034 (9/96)