

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

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**Apr 29 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 # P96000042181 (3)
1. Corporation Name
CCB'S FISHING FEVER, INC.



Principal Place of Business 1600 S.E. 17TH STREET #404 FORT LAUDERDALE FL 33316	Mailing Address 1600 S.E. 17TH STREET #404 FORT LAUDERDALE FL 33316-1717
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3. Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
4. FEI Number 65-0667942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MAASS, ROBB R 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE BYRD, CARUTH C 4004 BELTLINE ROAD #109 DALLAS TX 75244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE MCLANE, FRED M 4004 BELTLINE ROAD #109 DALLAS TX 75244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE HARBIN, JEFFREY L 4004 BELTLINE ROAD #109 DALLAS TX 75244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BYRD, CARUTH C. 4004 BELTLINE ROAD, #109 DALLAS, TX 75244
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCLANE, FRED M. 4004 BELTLINE ROAD #109 DALLAS, TX 75244
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARBIN, JEFFREY L. 4004 BELTLINE ROAD, 109 DALLAS, TX 75244
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **JEFFREY L. HARBIN** 4/23/97 (972) 458-7845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)