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FILED
Aug 03 1998 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055458

1. Corporation Name

BLOCK & TACKLE, INC.

Principal Place of Business

Mailing Address

8480 Sheldon Rd. St. 121
Tampa, FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-6-97 59-340-2472

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

~~CLUB 1000 82~~

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. 33615

USA

29. 33615

USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patel, Moore & O'Connor
2240 Bellair Rd. St. 160
Clearwater, FL 33764

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 within 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 taking with me and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

M. O'Connor

(Print Name of Registered Agent) (Signature of Registered Agent required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

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14. I 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 supplementary 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 executor 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 from an appointment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. O'Connor

CR2E034 (10/97)