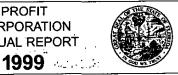
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Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90076 018 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056102 1. Corporation Name

Principal Place of Business

LAST CHANCE FISHING, INC.

20 MERRIMAC DRIVE PORT ORANGE FL 32119		720 MERRIMAC DRIVE PORT ORANGE FL 32119				DO NOT WRITE IN THIS SPACE			
					<u> </u>	3. Date Incorporated or Qualife			
						07/01/1996			
2. Principal Pl	ace of Business	2a. Mailing Address							pplied For
1		26				59-3389342		N	ot Applicable
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution	, D.		May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the cu	rrent year in	tangible	
4	[25]	29	30			Personal Property Tax.	• • • • • • • • • • • • • • • • • • • •	∐Yes	□No
<u> </u>	9. Name and Address of Current		11			10. Name and Address of New	Registered	Agent	
720 f	GERI, SHELLY MERRIMAC DRIVE T ORANGE FL 32119 ろこしつ			81 Name 82 Street	竹の Address えの	TLEY SHELLY (P.O. Box Number is Not Accep MERKEMAC DA	table)	CHEL	£)
				84 City /	POR	T ORANGNE	FL	<u> </u>	Sode 2127
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove-named	corpora	tion submits this statement for the	e purpose of	f changing its	s registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a	autnorized	by the corp	oralion S	poard of directors. Thereby acc	opromejappo	manon as R	Shoroten
SIGNATURE	- Charles and le	4 (Michell)) r	NICHE	ELE required wh	MOTLEY en reinstating)	4/20	<u>2/19 </u>	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	D	☐ DELETE	1.1 TI	TLE		<i>president</i>		Change	Additio
NAME	MOTLEY, KENNETH		1.2 N	ame	MOT	LEY, MICHELE.	_		
STREET ADDRESS	720 MERRIMAC DRIVE		1.3 S	TREET ADDRESS	1720	TLEY MICHELE D	C ,		
CITY-ST-ZIP	PORT ORANGE FL 621/19 32	127	1.4 C	ITY-ST-ZIP	<u> P</u> a	IT OLANGE FL	<u>5</u> 2	127	
ппше		☐ DELETE	2.1 17	TLE	ľ	r		Change	Addition Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$	TREET ADDRESS					
CITY-ST-ZIP			2.40	CITY-ST-ZIP	L				
TITLE	-	DELETE	_, 3.1,∏	TLE		المباد ومدد دالمشب	**************	_ Change	Addition Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET ADDRESS	;				
CITY-ST-ZIP		·	3.4. 0	CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 T	TLE				Change	Additio
NAME	•		4, 2 N	LAME ,	.				
STREET ADDRESS			4.3 S	TREET ADDRESS	s				
City-St-ZIP			4.4 C	ITY-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETÉ	5.1 T	MLE				☐ Change	Additio
NAME	•		5.2 N	AME					
STREET ADDRESS			5.3 S	TREET ADDRESS	•				
CITY-ST-ZIP				ITY-ST-ZIP	<u> </u>				
TITLE	,	☐ DELETE	6.1 T					☐ Change	e
NAME		,	6.2 N						
STREET ADDRESS			6.3 S	TREET ADDRESS	3				
CITY-ST-ZIP				ITY-ST-ZIP	1				
14. I hereby of indicated officer or of the control	certify that the information supplied wit on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attact	annual report is true and acciver or trustee empowered to	urate and execute t	i that my sigr his report as	nature st required	iali nave the same ledal effect a	s II made und	der oaur, iria	it i ain an