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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000088724 (5)

FONDA FISHING CORPORATION

Principal Place of Business 450 E. LAS OLAS BLVD. STE 1500

Mailing Address

450 E. LAS OLAS BLVD. STE 1500

FILED 98 APR 29 PM 1:44



FORT LAUDERDALE FL 33301		FORT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 10/25/1996	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0704792	Not Applicable
Suite, Apt #,	etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the curren	
24	25	29	30		Personal Property Tax due June 30.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	ent
HUIZENGA, H W JR				81 Name		
200 SO UTH ANDREWS AVENUE			ā	82 Street Address (P.O. Box Number is Not Acceptable)		
SIXTH FLOOR						
FOR	T LAUDERDALE FL 33301		8	3		
			ē	4 City		85 Zip Code
				<u> </u>	FL	
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 Lorida. 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, typied or product house of registered age black linte if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	PD	☐ DELETE	1.1 TITLI	-	ļ	Change Addition
THE STATE OF THE S			1.2 NAM	E	3000025082	a = _ = =
STREET ADDRESS 450 E. LAS OLAS BLVD., 15TH FLOOR			1.3 STRE	ET ADDRESS	-05/01/9801	.~r
CITY-SY-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY	- ST - ZIP	****150.00	tor coo
TITLE	VPS	☐ DELETE	2.1 TITLI		**************************************	Toffaifge Addition
NAME	PIERCE, WILLIAM M		2.2 NAM	E		
STREET ADDRESS 450 E. LAS OLAS BLVD., 15 FLOOR			2.3 STREET ADDRESS			
CITY+ST-ZIP	FT. LAUDERDALE FL 33301		2. 4 CITY	-ST-ZIP		
TITLE	1	DELETE	3 1 1111		VT , №	Change Addition
NAME	BRANDEN, CRIS V		3.2 NAM	τ	BRADEN CRIEV	
STREET ADDRESS	450 E. LAS OLAS BLVD., 15 F	LOOR	3 3 STRE	ET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		34 CITY	'-ST-7IP		
TITLE		DELETE	4 1 7 ITL			Change Addition
NAME			4. 2 NAM	NE		1
STREET ADDRESS			4.3 STRE	FT ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST - ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	ŧ		
STREET ADDRESS			5.3 STRE	ET ADDRESS		_
CITY-ST-ZIP			5.4 CiTY	-ST-ZIP		<u> </u>
TITLE		DELETE	6.1 TITL		L	Change (MAddy)
NAME			6 2 NAM	E		-1C4361 'Y
STREET ADDRESS				ET ADDRESS		\{\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CITY-ST-7IP			6.4 City	- \$1 - ZIP		~ lı
14. I hereby ce	rtify that the information supplied wil	h this filing does not qualify t	for the exen	ption stat	ed in Section 119.07(3)(i), Florida Statutes. I further certi	fy that the information

indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at 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 by only in a prichiment with an address.

4/27/60

4W-627-0417