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

PROFIT CORPORATION ANNUAL REPORT

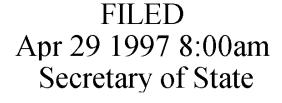


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000100305 (7)



1. Corporation Name TANGO FISHING CHARTERS, INC. Principal Place of Business Mailing Address 110 GULFSHORE DRIVE \$125 DESTIN FL \$2541 OCEAN SPRINGS MS \$3564-2871											
							3. Date Incorporated or Qualified 12/09/1996	3a.	Date of Last F	leport	
2. Principal F	Place of Business	2a. M	lailing Address				4. FEI Number	4	Ar	oplied For	
21		26					59-3420106				
Suite, Apt.	. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
22 City & Stat	te .	27 C	ity & State			······	R. Classico Compoino Cinancino			-	
23	•	28				Election Campaign Financing Trust Fund Contribution Added to Fees					
Zip	Country	Zi	Zip Cou				8. This corporation has liability for intengible tax under s. 199.032,				
24	25		29 30				Florida Statutes Yes No. 10. Name and Address of New Registered Agent				
	g. Name and Address of Curr	ent Register	ed Agent		81	Name	10, Name and Address of New H	egistere	a Agent		
	NOLDS, KATHLEEN MAIN STREET			Ĺ						·	
	TIN FL 32541				82	Street Add	address (P.O. Box Number is Not Acceptable)				
020	1111 7 6 06041			Ţ.	83						
				-	84	City			. 85 Zip	Code	
					- 1	•		F	L.		
agent. Fa	Signature Typed or profed name of registered	agent and title if a	pplicable (NOT)				coration submits this statement for the tion's board of directors. I hereby accurate and when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTO	ORS I brace	13.	· -		ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTOR Change	RS IN 12 Additio	
T/TLE NAME	President/bir Jessrey L son 102 spouish Po Ocean spring	ector Lle	C DECENE	1.1 TIT 1.2 NA					F"I ruguille	II ADDIIIO	
SIREFT ADDRESS	102 Spanish Po	101 401		1.3 \$76		ADDRESS					
CHY-ST-ZIP	Ocean Spring	Ms.	39564-287	1.4 017		1					
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NAME				2.2 NA	ME	1					
STREET ADDRESS				2.3 ST	REET A	ADDRESS					
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NAME				3.2 NA							
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THLE			☐ DELETE	6.1 TtT	TE	-			Change	Additio	
NAME				6.2 NA	ME						
STREET ADDRESS						ADDRESS					
CITY SI-7P	I			6 4 CII	IY-SI	I-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 attackment with an address.

SIGNATURE:

ANALY AND TYPES OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-9-97

Daytime Phone # 0011754