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

CORPORATION ANNUAL REPORT

1998



IT ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007471 (0)

FILED Mar 06 1998 8:00am Secretary of State

FISH'EN SHIPS, INC. Principal Place of Business Mailing Address 2527 E. 149TH AVE. 2527 E. 149TH AVE. **LUTZ FL 33549** LUITZ FL 33549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Name ODOR, RAYMOND E 2527 E. 149TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **LUTZ FL 33549** 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 bolti, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 12. 13. Change TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition 21 TITLE TITLE NAME 22 NAME ROBIDSON 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Change ☐ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DECETE Addition 41 TILE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI- NO 4.4 City-St-ZiP DELETE ___ Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELFTE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 C(TY-ST-Z)P 14. 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 armust report or 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 armust report or 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 armust report is from a supplied with the information indicated on this armust report is sequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address

SIGNATURE:

SIGNATURE

**SIGNATURE