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 # 1. Corporation Name P97000092262 (9)

POSEIDON FISHING CHARTERS, INC.

FILED Apr 22 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						i tentinet tin tetit tenti milit britt detit	11 89118 18 11 8 11 9 10	rabna minim ilibi 1884	
	3RD PLACE	6051 NW 63RD PLACE	6051 NW 63RD PLACE						
PARKLAND FL \$3067		PARKLAND FL 33067	PARKLAND FL 33087			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	THO BI AGE		
						10/28/1997			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4 FELNiumber		Applied For	
21		26	6			65-0790162		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional	
22		27				Fee Required			
City & State		h1	City & State			6. Election Campaign Financing		.00 May Be	
23		28				Trust Fund Contribution L		ded to Fees	
Zip	Country	Zip	Count				res or has paid the current year Intangible		
24	9. Name and Address of Curren	29 Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	TEIN, HOWARD	The state of the s		81 N	ame	10, 144110 2110 114111111111111111111111111	otorou rigotti		
	051 NW 63RD PLACE		-						
	ARKLAND FL 33067			82 Street		ess (P.O. Box Number is Not Acceptable))		
•	ANIMERINE I E GOOD!		ŀ	B3					
			-	84 C	ity		85	Zip Code	
							FL S	2,5 0000	
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 Florida. 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									
12.	Signature, typed or printed name of registered ager OFFICERS ANI		13.	Agont sig	jnature require	d when reinstating) ADDITIONS/CHANGES TO OFFICES	DATE PS AND DIREC	TORS IN 12	
TITLE	D	DELETE	1,1 1111	LE		ADDITIONS/OTIANOES TO OTITIOE	Cha		
NAME	STEIN, HOWARD		1.2 NA		1		_		
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NAME	STEIN, ROSEMARY		2.2 NAI	ME					
STREET ADDRESS	6051 NW 63RD PLACE	•		2.3 STREET ADDRESS					
CITY-ST-ZIP	PARKLAND FL 33067		2. 4 CI	1Y-ST-ZI	Р				
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NAME	O'NEIL, JAMES J		3.2 NA	ME					
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CITY-ST-ZIP	PARKLAND FL 33067			Y - ST - ZI	Р				
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NAME	KALMAN, JOEL M		4. 2 NA		l				
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NAME			5.2 NAI					}	
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NAME .			6.2 NAI		2500			ľ	
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CITY-ST-ZIP			6.4 CIT	Y-ST-ZIF	<u>'</u> _				

Thereby certify that the information supplied with this filling 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 supplimental armual 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 of the receiver or distance of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with any others.