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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700093659

LONE STAR BASS GUIDE SERVICES, INC.

Principal Place of Business

Mailing Address

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90012 015 ***150.00

|--|

5994 GLENDALI BOCA RATON		5994 GLENDALE DRIVE BOCA RATON FL 33433		DO NOT WRITE	IN THIS SPACE	
				 Date Incorporated or Qualified 10/31/1997 		
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 1320		26 1320 N.W.	13th ST.	65-0792137	· .	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>			5 Additional Required
City & Stat	RAY BEACH . FL	Çity & State	ACH , FL	6. Election Campaign Financing Trust Fund Contribution		00 May Be – ed to Fees
Zip 24 334	Country 144 25 PALM BCH	Zip 1 29 33444 30	Country	This corporation owes the current Personal Property Tax.	t year Intangible	No
<u>, </u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	gistered Agent	
			81 Name	C 15	,	
MARKS, DONALD				dress (P.O. Box Number is Not Acceptable	۵) .	·
5994	GLENDALE DRIVE			ON, W. 13TH S		-
BOC	A RATON FL 33433		83	0 10 10 10 1		
					· · · · · · · · · · · · · · · · · · ·	
			84 City	ELRAY BEACH	FI 85 2	Sip Code 33444
44 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named co	progration submits this statement for the nu	roose of changing	its registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was autho	onzed by the corpora	ation's board of directors. I hereby accept t	the appointment as	registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: Bac	istered Agent signature requ	uired when reinstation)	DATE	 [
49	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PD	DELETE	1.1 TITLE	SAME	Chan	
NAME	MARKS, DONALD		1.2 NAME	SAME		
	5994 GLENDALE DRIVE			1320 N.W. 13TH 9	STREET	
STREET ADDRESS				DE ANY ROLL E	1. 3344	14
CITY-ST-ZIP	BOCA RATON FL 33433	☐ DELETE	1.4 CITY-ST-ZIP	DELRAY BCH, F	レ 3345 SpChan	ge Addition
TITLE	STD	Deteic		SAME	7	a
NAME	MARKS, DONNA		2.2 NAME	31-m E	S-0	-
STREET ADDRESS	5994 GLENDALE DRIVE		2.3 STREET ADDRESS	1320 N.W. 13TH	21 23	ikuu
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY-ST-ZIP	DELRAY ISCH,	FL 33	ge Addition
TITLE		☐ DELETE	3.1 TITLE		LJCnan	ge L. Addition
NAME			3.2 NAME	المراجع والمعروب	- - · · · ·	ļ
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Chan	ge Addition
NAME			4. 2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS		-	1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•]
TITLE		☐ DELETE	5.1 TITLE		☐ Chan	ge Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		•	
			5.4 CITY-ST-ZIP		*	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	Total Control	Chan	ge Addition
			6.2 NAME		-	
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			6.3 STREET ADDRESS			}

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE: