PRUFII CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90044 020 \*\*\*150.00

DOCUMENT	.#	P9800004	15268

1. Corporatio	n Name	0.10=00			
GREAT AMERICAN FISHING CHARTERS, INC.					
4,,2,,,					231 2180 2111 2111 211
[	•				[]
Principal Plac	o of Business	Mailing Address		- I I BOTH \$30 HO FELRY CONT CONS BOTH BOTH B	Nyn Olffi Ollin Nita asını carı radi
1 '		160 EAST RIDGE ROAD			
160 EAST RIDO   ISLAMORADA		ISLAMORADA FL 33036		1	
I GENMONADA I				DO NOT WRITE IN T	HIS SPACE
ļ				3. Date Incorporated or Qualifed	
				05/20/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	. Applied For
21		26		65-0837008	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		0, 00,000,000,000	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May.Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible No
24	[25]	29 30	<u> </u>	Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Curren	t Registered Agent	81 Name —	10. Name and Address of New Address	ed Ageist
AMERILAWYER L			[,, ]	amie Niedbalst	
343 ALMERIA AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	į	
CORAL GABLES FL 33134		NG	O. E. KINGE ISI.		
	2 C C C C C C C C C C C C C C C C C C C		[ 65]		
ļ			84 City-	10000 do	85 Zip Code
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	RINO ACC	of changing its registered
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above-named corp lorized by the corporation	oration submits this statement for the purposen's board of directors. I hereby accept the ap	pointment as registered
agent, I a	im familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.	1-1116	ia l
SIGNATURE		RESULUTE: Re (NOTE: Re	gistered Agent signsture required	(MATE	<u> </u>
12.	Signature, Speciar printed name of registered ager OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
MLE	PD ·	☐ DELETE	1.1 mLE		Change Addition
NAME	NIEDBALSKI, JACK		1.2 NAME		
STREET ADDRESS	160 EAST RIDGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	NIEDBALSKI, JAMIE		2.7 NAME	•	j
STREET ADDRESS	THE STATE DIDOR BOAR		2.1 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL 33036		2.4 City-ST-ZIP		}
TITLE		. DELETE	31 TITLE		Change Addition
NAME			3.2 NAME	•-	
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	·		4, 2 NAME		1
STREET ADDRESS	1		4.3 STREET ADDRESS		
City-St-ZP			44 CITY-ST-ZIP		
TILE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	·	ì
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP	•		5.4 CITY- ST-ZIP		1
TITLE		☐ DELETE	6.1 TILE		☐ Change ☐ Addition
		☐ OELETE			Change Addition

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. 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