PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPAREMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporatio  | NAME SPORTFISHING, INC.  |                |  |  |                    |               |   |   |                     |                |
|--|--|----------------|--|--|--------------------|---------------|---|---|---------------------|----------------|
| Principal Place of Business Mailing Address  |  |                |  |  |                    |               |   |   |                     |                |
| 22421 SW 65TH AVENUE, APARTMENT 502 22421 SW 65TH AVENUE, APA<br>BOCA RATON FL 33428 BOCA RATON FL 33428 |  |                |  |  | 1 3                | XC2           |   |   |                     |                |
| DOWN INTON   | 72 00-120  | 000.1          |  |  |                    |               | DO NOT WRITE IN TH  | IIS SPACE   |                     | ٦.             |
|  |  |                |  |  |                    |               | 3. Date Incorporated or Qualifed 07/30/1998   |   |                     | }              |
| 2. Principal Place of Business 2a. M   |  |                | , Mailing Address                      |  |                    |               | 4. FEI Number   | Α   | pplied For          | ]              |
| 21   | 26   |                |  |  |                    |               | 65-0877982  |   | lot Applicable      | 4              |
| Suite, Apt.  | #, etc.  | <del></del>    | Suite, Apt. #, etc.                    |  |                    |               | 5. Certificate of Status Desired  |   | Additional tequired |                |
| 22 City & Stat   | e  | City & State   |  |  |                    |               | 6. Election Compaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees               |   |                     |                |
| 23   | -  | 28             |  |  |                    |               |   |   |                     |                |
| Zlp  | Country  | Zip            | Zip Country                            |  |                    |               | 8. This corporation owes the current year Intangible  |   |                     |                |
| 24 25 29   |  |                |  | 30   |                    |               | Personal Property Tax.  10. Name and Address of New Registers                                     | , , <del>, , , , , , , , , , , , , , , , , </del> |                     |                |
| 9. Name and Address of Current Registered Agent  |  |                |  |  | iil                | Name          | 10, Name and Address of New Registre  | o Again   |                     | 1              |
| COLLINS, DAVID SCOTT<br>22421 SW 66TH AVENUE, APARTMENT 502  |  |                |  | L  | 1                  |               | Address (P.O. Box Number is Not Acceptable)   |   |                     | -              |
|  |  |                |  | *  | 12                 | Street Addr   |   |   |                     |                |
| BOCA RATON FL 33428  |  |                |  | 8  | 13                 |               |   |   |                     | 1              |
|  |  |                |  | 8  | 4                  | City          |   | 85 Zip  | Code                | 1              |
| 44 Primariant  | to the provisions of Spetions 607 0502   | and 607 1509   | 8 Florida Statutes                     | the abo                                    | <u></u>            | -named come   |   |   | s registered        | 1              |
| office or r  | registered agent, or both, in the State or<br>im familiar with, and accept the obligation  | f Florida. Suc | h change was aut<br>n 607.0505, Florid | thorized b                                 | y ti               | ne corporatio | oration submits this statement for the purpose<br>n's board of directors. I hereby accept the app | pointment as r                                    | egistered           |                |
| SIGNATURE  |  |                |  |  |                    |               |   |   |                     | _              |
|  |  |                |  | Registered Agent signature required<br>13. |                    |               | ADDITIONS/CHANGES TO OFFICERS   | AND DIRECT  | ORS IN 12           | 18             |
| TITLE  | OFFICERS AND DIRECTORS  Pres; dent Delete  |                |  | 1.1 TILE                                   |                    |               | ADDITIONS/CITATED TO ST. IDENO  | Change  | Addition            | R2E034 (11/98) |
| NAME   | Tres, beny   |                |  | 1.2 NAM                                    | 12 NAME            |               |   |   |                     | 3              |
| STREET ADDRESS   | David Scott Collins<br>22421 SW 66th Ave # 502   |                |  | 1.3 STREET ADDRESS                         |                    | ADDRESS       |   |   |                     | Ìä             |
| CITY-ST-ZIP  | Boca Raton Fl 33428  |                |  | 1.4 CITY-ST-ZIP                            |                    |               |   |   |                     | ] &            |
| TITLE  | Boca Raton, FL 33428  Vice Prosident, Secretary DELETE 211   |                |  | 2.1 TRLE                                   | :                  |               |   | Change  | Addition            | 10             |
| NAME   | Tim othe Wilhelmy  |                |  | 2.2 NAM                                    | E                  |               | •   |   |                     |                |
| STREET ADDRESS   | Timothy Wilhelmy 100 Stirry Lane 23  |                |  | 2.3 STRE                                   | 2.3 STREET ADDRESS |               |   |   |                     | 1              |
| CITY-ST-ZIP  | Rayal Palm Beach, FL 33411 2   |                |  |  | 2.4 City-ST-ZP     |               |   | [] Change   | Addition            | ┨              |
| TITLE  | The state of the s |                |  | 3.1 TITLE                                  |                    | 1             |   | □ cuendo  | I'' ACCIONI         | 1              |
| NAME   | 120-Indian Hills Lane  |                |  | 12 NAME<br>13 STREET ADDRESS               |                    |               |   |   |                     | ļ              |
| STREET ADDRESS   | Circle Pine, MW 55014  |                | 3.4. City-ST-ZP                        |  | ľ                  | -             | •   |   | 1                   |                |
| TITLE  | Cirele ishe jillo 00   |                | DELETE                                 | 4.1 TITLE                                  | _                  | -24           | ·   | Change  | Addition            | 1              |
| NAME   |  |                |  | 4. 2 NAM                                   |                    |               |   |   |                     | 1              |
| STREET ADDRESS   | 1  |                |  |  |                    | ADDRESS       |   |   |                     |                |
| CITY-ST-ZIP  |  |                |  | 4.4 CITY-                                  |                    | •             |   |   |                     | 1              |
| TIFLE  |  |                | ☐ DELETE                               | 5.1 TITLE                                  | _                  |               |   | Change  | Addition            |                |
| NAME   |  |                |  | 5.2 NAME                                   |                    |               |   |   |                     |                |
| STREET ADDRESS   |  |                |  | •  |                    | ADDRESS       |   |   |                     |                |
| CITY-ST-ZIP  |  |                | T nei Eve                              | 5.4 CITY-<br>6.1 TITLE                     |                    | ·ZIP          |   | [ ] Change  | ☐ Addition          | ĺ              |
| TITLE  | 1  |                | DELETE                                 | 6.2 NAME                                   |                    |               |   | □ man No  |                     | 1              |
| NAME   | }  |                |  |  |                    | ADDRESS       |   |   |                     |                |
| STREET ADORESS   |  |                |  | 0.3 3110                                   |                    |               |   |   |                     | 1              |

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.

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90157 012 \*\*\*150.00