PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000099718

LASER FISHING LURE CORPORATION Mailing Address Principal Place of Business 450 INDIAN BAY BLVD. 450 Indian Bay BLVD. MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/30/1998 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State_ City & State Trust Fund Contribution 28 23 Country -This corporation owes the current year intangible Zip Country Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SUNDIN, GLENN T 82 Street Address (P.O. Box Number is Not Acceptable) 335 S. PLUMOSA ST., STE. A MERRITT ISLAND FL 32952 83 Zip Code City 85 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 Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. ☐ Addition Change DELETE 1.1 FITLE TITLE YOUNG, BRUCE A MAME 2750 TINGLEY DR. DOCK B 1.3 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 1.4 CITY-ST-ZDP CITY-ST-ZIP ☐ Addition Change DELETE 21 TITLE TITLE LACKEY, GLENN D.G. 22 NAME NAME 450 INDIAN BAY BLVD. 2.3 STREET ADDRESS STREET ADORES MERRITT ISLAND FL 32953 2.4 CTTY-ST-ZPP CITY-ST-ZIP ☐ Addition Change DELETE 31 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 C/TY-ST-ZIP CITY-ST-ZP 6.1 TITLE Addition Change DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 arraffactivent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

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STREET ADDRESS

ED OR PRINTED NAMES SIGNAND OFFICER OR DIRECTOR

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90188 020 ***150.00

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