PROFIT CORPORATION

ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90040 018 ***150.00

DOCUMENT #	P98000100090
4 Composition Name	, 0000

SURE TH	HING SPORTS FISHING CH	HARTERS, INC.							
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Principal Place of Business Mailing Address 3896 LONG GROVE LANE 3896 LONG GROVE LANE PT ORANGE FL 32119 PT ORANGE FL 32119					DO NOT WRITE IN THIS SPACE				
					3. Date Incorp.	orated or Qualifed			
<u> </u>	No. of Duckson	2a. Mailing Address	<u> </u>		4. FEI Number			Ar	piled For
—	Place of Business	26	-		59/755	-2795		No	x Applicable
Suite, Apt.	# etc	Suite, Apt. #, el	tc.		700	Status Desired		\$8.75	
22	w, etc.	27			5. Certicate of	20003 (362#60	_ 	Fee Re	equired
City & Sto	to	City & State				npaign Financing			May Be
23					Trust Fund				to Fees
Zip	Country	Zip	Con	intry		ition owes the cum	ent year intar	igible Yes	□No
24	25	29	30	,	Personal Pr	operty Tax. Address of New R			1441140
	9. Name and Address of Cum	ent Registered Agent		81 Name	Tu. Kame and	MANUE OF STREET	Allerandor W		
14011	NITO DADON O								
MUU	INTS, DARRIN S : LONG GROVE LANE			82 Street	Address (P.O. Box Nun	iber is Not Accepta	b ie)		
	RANGE FL 32119			83					
Pit	AVIOR PL 32118			"					
				84 City			FL	85 Zip	Code
office or agent. I d	to the provisions of Sections 607.0; registered agent, or both, in the Sta am familiar with, and accept the obli : Bigusture, typed or printed name of registered a				required when remetating)		DATE		
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/	CHANGES TO OF			ORS IN 12
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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:

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