

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90278 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S52033**

1. Corporation Name
SHARK AND TARPON NORTH, INC.



Principal Place of Business
 2925 EAST COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308-4207

Mailing Address
 2925 EAST COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308-4207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/10/1991

4. FEI Number
65-0275339

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business	2a. Mailing Address
21 526 SW 9th Terrace	26 526 SW 9th Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 FT. Lauderdale Fla	28 FT. Lauderdale Fla
24 33312	29 33312
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

ZIEGLER, PATRICIA M.
2925 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name **Ziegler Patricia M.**

82 Street Address (P.O. Box Number is Not Acceptable)
526 SW 9th Terrace

83

84 City **FT. Lauderdale** FL 85 Zip Code **33312**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, PATRICIA M.	1.2 NAME	Ziegler, Patricia M.
STREET ADDRESS	2925 E. COMMERCIAL BLVD.	1.3 STREET ADDRESS	526 SW 9th Terrace
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. Lauderdale FL 33312
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEGLER, DEVON	2.2 NAME	
STREET ADDRESS	2925 E COMMERCIAL BLVD	2.3 STREET ADDRESS	Address as above
CITY		2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, VICTOR	3.2 NAME	
STREET ADDRESS	2925 E COMMERCIAL BLVD	3.3 STREET ADDRESS	address as above
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: **1-27-99** DAYTIME PHONE #: **800-297-8375**

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