

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-06-1999 90278 020 \*\*\*150.00

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

Applied For

Not Applicable

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  
Suite, Apt. #, etc.

26 526 SW 9th Terrace  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale Fla

28 Ft. Lauderdale Fla

24 33312 25 U.S.A.

29 33312 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ZIEGLER, PATRICIA M.  
STREET ADDRESS 2925 E. COMMERCIAL BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE  
NAME ZIEGLER, DEVON  
STREET ADDRESS 2925 E COMMERCIAL BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE  
NAME MICHAELS, VICTOR  
STREET ADDRESS 2925 E COMMERCIAL BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Ziegler, Patricia M.  
1.3 STREET ADDRESS 526 SW 9th Terrace  
1.4 CITY-ST-ZIP Ft. Lauderdale 33312

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS Address as above  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS address as above  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)