

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V13188

1. Corporation Name

ULTIMATE FISHING CHARTERS, INC.

Principal Place of Business

Mailing Address

211 Hibiscus St.  
TAVERNIER FL. 33070

3. Date Incorporated or Qualified

2-12-92

3a. Date of Last Report

2-12-95

2. Principal Place of Business

2a. Mailing Address

21 211 Hibiscus St.

26 211 Hibiscus St.

4. FEI Number

65-0318036

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 TAVERNIER FL

28 TAVERNIER FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33070

25 MONROE

29 33070

30 MONROE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

H. Stephen RASH  
% ZACK SPARKER ET AL.  
28th FLOOR  
100 SE 2nd St. Miami FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 % ZACK SPARKER ET AL.  
28th FLOOR 100 SE 2nd St.

84 City

Miami

FL

85

Zip Code  
33131

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)

6/13/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES./DIRECTOR ☒ DELETE  
NAME BRIAN RHODES  
STREET ADDRESS 7700 N. Kendall Dr. #610  
CITY-ST-ZIP MIAMI FL 33156

1. 1 TITLE PRES./DIRECTOR ☒ Change ☐ Addition  
2. 2 NAME THOMAS HEFFERNAN  
3. 3 STREET ADDRESS 211 HIBISCUS ST.  
4. 4 CITY-ST-ZIP TAVERNIER FL. 33070

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2. 1 TITLE SEC ☐ Change ☒ Addition  
2. 2 NAME LINDA HEFFERNAN  
2. 3 STREET ADDRESS 211 HIBISCUS ST.  
2. 4 CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. 1 TITLE  
3. 2 NAME  
3. 3 STREET ADDRESS  
3. 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. 1 TITLE  
4. 2 NAME  
4. 3 STREET ADDRESS  
4. 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. 1 TITLE  
5. 2 NAME  
5. 3 STREET ADDRESS  
5. 4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. 1 TITLE  
6. 2 NAME  
6. 3 STREET ADDRESS  
6. 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

THOMAS E. HEFFERNAN

6/15/96

305 852 6066