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PROFIT *CORPORATION ANNUAL REPORT

1999

DOCUMENT # V13188

ULTIMATE FISHING CHARTERS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90035 004 ***150.00

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Mailing Address Principal Place of Business P O BOX 892 PELICAN COVE RESORT 84457 OLD OVERSEAS HIGHWAY ISLAMORTA FL 33036 DO NOT WRITE IN THIS SPACE ISLAMORTA FL 33036 3. Date incorporated or Qualifed US 02/10/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0318036 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zíp 8. This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RASH, STEPHEN H. Street Address (P.O. Box Number is Not Acceptable) 82 C/O ZACK, SPARBER, KOSNITZKY, ET. AL. 100 SE 2ND STREET, 28TH FLOOR 83 MIAMI FL 33131 Zip Code 85 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE PRFS TITLE RHODES, BRIAN 1.2 NAME NAME 228 HIBISCUS ST STREET ADDRESS 1.3 STREET ADDRESS **TAVERNIER FL 33070** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS 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:

CR2E034 (11/98