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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731032

1. Corporation Name
OCEAN REEF VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business 100 ANCHOR DRIVE KEY LARGO FL 33037 US	Mailing Address 100 ANCHOR DRIVE #510 KEY LARGO FL 33037 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/01/1974	4. FEI Number 23-7411790 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 HOWARD, HOWARD K.	1.1 TITLE	D McClements, Jr., Robert
NAME	32 CHANNEL CAY RD	1.2 NAME	31 Cardinal Lane
STREET ADDRESS	KEY LARGO FL	1.3 STREET ADDRESS	Key Largo, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD DI SABATINO, EUGENE D.	2.1 TITLE	D DiSabatino, Eugene D.
NAME	24 THATCH PALM WAY	2.2 NAME	24 Thatch Palm Way
STREET ADDRESS	KEY LARGO FL	2.3 STREET ADDRESS	Key Largo, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SHIELDS, PETER F.	3.1 TITLE	VC/D Shields, Peter F.
NAME	15 SUNRISE CAY DRIVE	3.2 NAME	15 Sunrise Cay Drive
STREET ADDRESS	KEY LARGO FL	3.3 STREET ADDRESS	Key Largo, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD DAVIDSON, THOMAS N.	4.1 TITLE	C/D Davidson, Thomas N.
NAME	29 CARDINAL LANE	4.2 NAME	7 Sunrise Cay Drive
STREET ADDRESS	KEY LARGO FL	4.3 STREET ADDRESS	Key Largo, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD DAWSON, RUTH	5.1 TITLE	
NAME	65 TARPON LANE	5.2 NAME	
STREET ADDRESS	KEY LARGO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ASD RITZ, DAVID C.	6.1 TITLE	P Ritz, David C.
NAME	31 OCEAN REEF DR	6.2 NAME	31 Ocean Reef Dr
STREET ADDRESS	KEY LARGO FL	6.3 STREET ADDRESS	Key Largo, FL
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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 617, 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: DAVID C. RITZ DATE: 2-23-99 DAYTIME PHONE #: 305-367-3067

CR2E037 (11/98)