

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000376 (4)**

1. Corporation Name

OCEAN REEF BUSINESS COUNCIL, INC.



Principal Place of Business

**31 OCEAN REEF DR
SUITE A200
KEY LARGO FL 33037**

Mailing Address

**31 OCEAN REEF DR
SUITE A200
KEY LARGO FL 33037**

3. Date Incorporated or Qualified
01/28/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
65-0383414

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 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

**BLACK, JAN M
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **KAISER, JOHN**
STREET ADDRESS **31 OCEAN REEF DRIVE**
CITY - ST - ZIP **KEY LARGO FL 33037**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DVP** ☒ DELETE
NAME **WHITE, ROBERT**
STREET ADDRESS **31 OCEAN REEF DRIVE**
CITY - ST - ZIP **KEY LARGO FL 33037**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D STEVENS CHARLIE**
2.3 STREET ADDRESS **437 N. KROME AVE.**
2.4 CITY - ST - ZIP **HOMESTEAD, FL 33030**

TITLE **DS** ☒ DELETE
NAME **SWENSON, PETER**
STREET ADDRESS **2 BARRACUDA LANE**
CITY - ST - ZIP **KEY LARGO FL 33037**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D VAN FLEET, JANE**
3.3 STREET ADDRESS **105930 OVERSEAS HWY**
3.4 CITY - ST - ZIP **KEY LARGO, FL 33037**

TITLE **DT** ☐ DELETE
NAME **VASQUEZ, MARY, D**
STREET ADDRESS **31 OCEAN REEF DR**
CITY - ST - ZIP **KEY LARGO FL 33037**

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

TITLE **DP** ☐ DELETE
NAME **SCHUMACHER, WILLIAM**
STREET ADDRESS **3 BARRACUDA LANE**
CITY - ST - ZIP **KEY LARGO FL**

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

TITLE **D** ☒ DELETE
NAME **PERDUE, PETE**
STREET ADDRESS **FISHING VILLAGE DR**
CITY - ST - ZIP **KEY LARGO FL 33037**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D TERRY, RICHARD**
6.3 STREET ADDRESS **15 BARRACUDA LANE**
6.4 CITY - ST - ZIP **KEY LARGO, FL 33037**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY D VASQUEZ

Date

9/10/96 (305)367-4498

Daytime Phone #

CR2E037 (3/96)