

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000376 (4)**

1. Corporation Name

OCEAN REEF BUSINESS COUNCIL, INC.



Principal Place of Business	Mailing Address
31 OCEAN REEF DR SUITE A200 KEY LARGO FL 33037	31 OCEAN REEF DR SUITE A200 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

07/05/1996

4. FEI Number

65-0383414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **STEVENS, CHARLIE**
STREET ADDRESS **437 N KROME AVENUE**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ DELETE

NAME **VAN FLEET, JANE**
STREET ADDRESS **105930 OVERSEAS HWY**
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **TERRY, RICHARD**
STREET ADDRESS **15 BARRACUDA LANE**
CITY-ST-ZIP **KEY LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 do 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.

CR2E037 (4/97)