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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000376**

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

2. Principal Place of Business 21 31 Ocean Reef Dr. Suite, Apt. #, etc. 22 A-203 City & State 23 Key Largo Zip 24 Fla. 25 Country USA	2a. Mailing Address 26 31 Ocean Reef Dr. Suite, Apt. #, etc. 27 A-203 City & State 28 Key Largo Zip 29 Fla 30 Country USA	3. Date Incorporated or Qualifed 01/28/1993 4. FEI Number 65-0383414 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAISER, JOHN 31 OCEAN REEF DRIVE KEY LARGO FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DS KRISANN SUTHERLAND 100 ANCHOR DR #48 KEY LARGO, FL 33037	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEVENS, CHARLIE 437 N KROME AVENUE HOMESTEAD FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ALMA SHUCKHART MM 99.5 OVERSEAS HWY KEY LARGO, FL 33036	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN FLEET, JANE 105930 OVERSEAS HWY KEY LARGO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DVP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VASQUEZ, MARY, D 31 OCEAN REEF DR KEY LARGO FL 33037	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WADE, ROBERT 520 BRICKELL KEY DR MIAMI FL 33131	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMBRIDGE, ROBERT 31 OCEAN REEF DR KEY LARGO FL 33037	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D CLAUDE KERSCHNER 2 SERVICE LANE KEY LARGO, FL 33037	☐ Change ☑ Addition

CR2E037 (11/98)

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: Mary D. Vasquez SIGNATURE REQUIRED 1/25/99 (305) 367-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY D. VASQUEZ