FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90240 043 ***150.00

				_	
DOCUMENT # P96000072072 1. Corporation Name					
CORAL F	REEF, INC.				
l					
Principal Place	of Business	Mailing Address			IN 1581) DESIG (BAIN 158) 188)
1180 S POWER		1180 S POWERLINE RD			
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069			1		
บร		US		DO NOT WRITE IN THIS S	PACE
		<u> </u>		3. Date Incorporated or Qualifed 08/23/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0692006	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	8	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Tin	Country	Zip	Country	Trust Fund Contribution	
Zip	Country 25		30	8. This corporation owes the current year Intan Personal Property Tax.	Yes No
24	9. Name and Address of Curren	_ _\	301	10. Name and Address of New Registered Ag	
	5. Name and Address of Outron	t trogistera rigorit	81 Name /		,
TODIAC CLIZABINE				ISA DEROSA	
1180	S POWERLINE RD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	}
POMPANO BEACH FL 33069			83		
			84 City Yo	MIRNO BEACH, FL FL	85 Zip Code 33049
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 register 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 all familia with, and accept the obligations of Section 607.050S, Florida Statutes.					
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					
V VA.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Agent signature require	od when reinstating) DATE	
12.	OFFICER'S AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP CUTANTIE	DELETE	1.1 TITLE	·	Change Addition
NAME	TOBIAS, SUZANNE	, ,	1.2 NAME	•	
STREET ADDRESS	1180 S POWERLINE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	D nei cre	1.4 CITY-ST-ZIP		Change Addition
i îmle (SDT	DELETÉ	2.1 TITLE	•	Cuarige [] Addition [
NAME	DEROSA, LISA G		2.2 NAME		
STREET ADORESS	1180 S POWERLINE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DETEIC	3.1 TITLE	•	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		E DECETE	4.2 NAME		
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		☐ DEL€TE	4.4 CITY-ST-ZIP		Change Addition
NAME		<u></u>	5.2 NAME	,	
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	•	1
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP			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

Daytime Phone #