

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 434956 (9)

1. Corporation Name
REEF BUICK, INC.

Principal Place of Business 2300 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33313	Mailing Address 2300 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33313-3722
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1973	3a. Date of Last Report 04/09/1996
21		26		4. FEI Number 59-1486486	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEREVIL, LOUIS J. 1040 BAYVIEW DR. SUITE #424 FT. LAUDERDALE FL 33304				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 607.0502 and 607.1508, 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 607.0505, 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	V	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, RUTH N		1.2 NAME		
STREET ADDRESS	4720 NE 28TH AVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 00000		1.4 CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOHN F		2.2 NAME		
STREET ADDRESS	4720 NE 28TH AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE, FL 00000		2.4 CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JAMES B		3.2 NAME		
STREET ADDRESS	501 NE 10TH AVE.		3.3 STREET ADDRESS	5213 Brookview	
CITY - ST - ZIP	FT. LAUDERDALE FL		3.4 CITY - ST - ZIP	Boynton Beach FL 33435	
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOHN M.		4.2 NAME		
STREET ADDRESS	4720 NE 28TH AVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* **4/9/97** **954-739-1400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)