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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 496329

(4)

1. Corporation Name

OCEAN REEF AIRWAYS, INC.

Principal Place of Business

~~2840 N. OCEAN BLVD~~  
~~#902~~  
~~FT LAUDERDALE FL 33308~~

Mailing Address

~~2840 N. OCEAN BLVD~~  
~~#902~~  
~~FT LAUDERDALE FL 33308-7532~~

3. Date Incorporated or Qualified  
02/10/1976

3a. Date of Last Report  
06/19/1996

2. Principal Place of Business

21 825 CENTER ST  
Suite, Apt. #, etc.  
#22D

22 City & State  
JUPITER FL  
Zip Country  
33458 Palm Beach

23 33458 25 Palm Beach

2a. Mailing Address

26 825 CENTER ST  
Suite, Apt. #, etc.  
#22D

27 City & State  
JUPITER, FLA  
Zip Country  
33458 Palm Beach

28 33458 30 Palm Beach

4. FEI Number

11-2380094

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

KING, ROBERT O  
~~2840 N. OCEAN BLVD~~  
~~#902~~  
~~FT LAUDERDALE FL 33308~~

10. Name and Address of New Registered Agent

81 Name KING, ROBERT O.  
82 Street Address (P.O. Box Number is Not Acceptable)  
825 CENTER ST #22D  
83 JUPITER,  
84 City JUPITER, FL 85 Zip Code 33458

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

ROBERT O. KING

DIRECTOR

1-1-97

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KING, ROBERT O  
STREET ADDRESS ~~2840 N. OCEAN BLVD~~  
CITY-ST-ZIP ~~FT LAUDERDALE FL 33308~~

TITLE PD  
NAME BUCKHOUT, ANN  
STREET ADDRESS 289 STEPHEN HANDS PATH  
CITY-ST-ZIP EAST HAMPTON, NY NY 11937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME KING, ROBERT O.  
1.3 STREET ADDRESS 825 CENTER ST #22D  
1.4 CITY-ST-ZIP JUPITER, FLA 33458

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

SIGNATURE:

ROBERT O. KING

DIRECTOR

1-1-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)