


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT, CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727600** (9)

1. Corporation Name

SUNCOAST REEF ROWDIES, INC.

Principal Place of Business

12930 90TH AVE N
PO BOX 411
PINELLAS PARK FL 33564-0411

Mailing Address
6219 14th Ave. So.
12930 90TH AVE N
PO BOX 411
PINELLAS PARK FL 33564-0411
33707
ST. PETERSBURG, FL.



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/01/1973	3a. Date of Last Report 02/15/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-7278984	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REISEN, MARIANNE
6219 14TH AVE SO.
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VICE PRESIDENT
NAME	POUTNEY, RONALD	1.2 NAME	ALLEN HALL
STREET ADDRESS	2690 58TH TERRACE SOUTH	1.3 STREET ADDRESS	1236 OAK VIEW AVE. DIRECTOR
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	CLEARWATER, FL. 34616
TITLE	PD	2.1 TITLE	PRESIDENT
NAME	BOURKE, ROBERT	2.2 NAME	JON LYNN
STREET ADDRESS	7836 59TH ST. NORTH	2.3 STREET ADDRESS	1101 LIVE OAK CT. Director
CITY - ST - ZIP	PINELLAS PARK FL	2.4 CITY - ST - ZIP	CLEARWATER, FL. 34616
TITLE	TD	3.1 TITLE	
NAME	REISEN, MARIANNE	3.2 NAME	
STREET ADDRESS	6219 14TH AVE SO.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	SECRETARY
NAME	MILLER, EILEEN	4.2 NAME	PAT WARD
STREET ADDRESS	5101 18TH AVENUE NORTH	4.3 STREET ADDRESS	1236 OAK VIEW AVE. Director
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	CLEARWATER, FL. 34616
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-96 (813) 384-3941

Date

Daytime Phone #

CR2E087 (3/96)