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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F92000000767 (5)

REEF MANAGEMENT CO.

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Principal Place of Business Mailing Address								PE WARH WULL	BOLLL INTIO	01111 18 8 (188	11
9 1	BARRACUDA	LANE	9 BARRACUDA LANE								
KEY LARGO FL 33037				KEY LARGO FL 33037-3733							
US			US				3. Date Incorporated or Qualified	1 a- D	· · · · · · · · · · · · · · · · · · ·	10	
							•		ate of Las	•	
2.	Principal Pa	ace of Business	2a, Mailing Address				12/18/1992 4. FEI Number	UZI	<u> 27/199</u>		
21	· · · · · · · · · · · · · · · · · · ·		26				65-0377206			Applied F Not Appli	
	Suite, Apt	#, etc	Surte, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·	\$9.7	5 Addition	
22			·1	27			5. Certificate of Status Desired		•	Required	
	City & State)	City & State	ļ			6. Election Campaign Financing			00 May B	
23			28	28			- "	Trust Fund Contribution Added to Fees			
	Z ip	Country	Ζφ	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24		25 29 30			Florida Statutes						٠. ا
		9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Ro	gistered	Agent		
	CT	CORPORATION SYSTEM			81	Name	ı				
		SOUTH PINE ISLAND ROAD		1	82	Street Adv	Street Address (P.O. Box Number is Not Acceptable)				
		NTATION FL 33324			-	Olioci Acc	sress (r.o. box rumber is not Accepta	ole)			
				Ī	83				***********		
				ŀ	84	City	·		1051 7	- C	
					04	City		FL	85 Z	ip Code	ļ
11	Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the at	OOVE	e-named cor	poration submits this statement for the		changin	g its regis	tered
	office or re agent har	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was igations of, Section 607,0505. F	authorized Iorida Stati	d by utes	/ the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	ointment	as registe	red
	SNATURE	·									1
, in	arter one.	Signative typical or printed halpe of registered a	agent and title if applicable. (NC	TE: Hegistered	Age	ant signature requ	uired when reinstating)	DATE			
12			ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12	2
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	(+S1+Z(P				1.4 CITY-ST-ZIP						
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City	C 61 7:0				64 00V 67 7/0						

64 CITY-ST-ZIP
14. If 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. 1-28-97 367-426

SIGNATURE: