PROFIT CORPORATION ANNUAL REPORT <b>1996</b> DOCUMENT # H18026 Corporation Name		ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS (5)						
The reef, inc.					A KARIGIA DIGU HADA KANA MANJA DIGU	NA ANN AMAIN ANAIN	<b>ala</b> ti <b>a</b> tati	DIDIO DIDIO KOOT
ncipal Place of Business	Mailin	g Adaress		· · · · · · · · · · · · · · · · · · ·				
C/O JON D. WAINO 13595 PERDIDO KEY DRIVE PENSACOLA FL 32507 US		C/O JON D. WANO 13595 PERDIDO KEY DRIVE PENSACOLA FL 32507 US						
					3. Date Incorporated or Qualified 09/01/1984	3a. Date of Last Report 02/07/1995		
Principal Prace of Business	2a. M. 26	aling Address			4. FEI Number 59-2451633			Applied For Not Applicable
State Apt #, etc.	27 Su	iite, Apt ⊯, etc.			5. Certificate of Status Desired			Additional Required
City & State	28 Git	5 & State			6. Election Campaign Financing Trust Fund Contribution			0 May Be
Zip Country 25	Ζις. 29	;	Coun 30	try	8. This corporation has liability for Florida Statutes X Yes	intangible tax		
9. Name and Address of Curr	ent Registere	ed Agent		81 Name	10. Name and Address of New F	Registered A	gent	
		82 Street Add			ress (P.O. Box Number is Not Acceptat	ole)		
WAINO, JON D.			1					
13595 PERDIDO KEY DRIVE				B3				
13595 PERDIDO KEY DRIVE PENSACOLA FL 32507 Pursuant to the provisions of Sections 607.05	02 anil 607.15 ariat Sech ch	508, Florida Statu ande was author	utes, the abov	33 34 City e-named corpo	ration submits this statement for the pu	FL rpose of chan	aina its ri	Code egistered offic agent Lam
13595 PERDIDO KEY DRIVE PENSACOLA FL 32507 Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fic familiar with, and accept the obligations of, Se INATURE	arida, Soch ch xition 607.050	ange was authori 6. Flonda Statute	ales, the abov ized by the co s	33 34 City e named corpo irporation's bas	ration submits this statement for the pu and of directors. I hereby accept the app at what tensions ADDITIONS/CHANGES TO OFF	pose of chan ointment as re	ging its ri egistered	egistered offic agent. I am
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13595 PERDIDO KEY DRIVE PENSACOLA FL 32507     Pursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of File familiar with, and accept the obligations of Sections 607.05 or registered agent, or both, in the State of File familiar with, and accept the obligations of Sections 607.05 or registered agent, or both, in the State of File familiar with, and accept the obligations of Sections 607.05 or registered agent, or both, in the State of File File     F   PD     Value   OFFICERS A     F   PD     WAINO JON D.     13595 PERIDO KEY DR.     State     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F     F  <	anida, Such chi xition 607.050 sition thetas	ange was authori 15, Florida Statute 145	utes, the abov ized by the co s <b>13.</b> 13. 1 2 NAN 1 3 STR 1 4 CH 2 1 TH 2 2 NAN	33 34 City e-named corpo- inporation's boar- g-of-sector's boar- g-of-sector's boar- f- f- sector for the sector f- sector for the sector for the sector f- sector for the sector for the sector for the sector f- sector for the sector for t	and of directors. I hereby accept the app	rpose of chan ointment as re part ICERS AND D	ging its m egistered	egistered offic agent. I am RS IN 12
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