SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K60043** **(2)**

1. Corporation Name
NEPTUNE'S REEF ENTERPRISES, INC.

Principal Place of Business	Mailing Address
995 N COLLIER BLVD MARCO ISLAND FL 33937 US	995 N COLLIER BLVD MARCO ISLAND FL 33937 US

3. Date Incorporated or Qualified: 01/23/1989
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business
21: 840 E. ELKCAM CIRC
22 Suite, Apt #, etc.:
23 City & State: MARCO ISLAND, FLA
24 Zip: 34145 25 Country: US

2a. Mailing Address
26: 840 E. ELKCAM CIRCLE
27 Suite, Apt # etc.:
28 City & State: MARCO ISLAND, FLA
29 Zip: 34145 30 Country: US

4. FEI Number: 65-0098845 ☐ 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

NOLD & LARSON
995 N COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name: CAROL EVANGELISTO
82 Street Address (P.O. Box Number is Not Acceptable): 840 E. ELKCAM CIRCLE
83
84 City: MARCO ISLAND FL 85 Zip Code: 34145

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: CAROL EVANGELISTO (Signature, type or print name of new registered agent and title, if applicable) Carol Evangelisto (NOTE: Registered Agent signature required when name is changed) 7/19/96 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANGELISTO, CAROL		1.2 NAME		
STREET ADDRESS	947 NORTH COLLIER BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Carol Evangelisto 7/29/96 941-394-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #