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PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 JUN -8 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L20165

1. Corporation Name
ISLAND REEF, INC.

Principal Place of Business	Mailing Address
MM 31 1/4 AVENUE A MM 30 AND 1/4 & AVENUE A BIG PINE KEY, FL 33043	P. O. BOX 430534 MM 30 & 1/4 AND AVENUE A BIG PINE KEY, FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/89

21. Principal Place of Business: 3101 N. ROOSEVELT BLVD.
22. Suite, Apt. #, etc:
23. City & State: KEY WEST, FL
24. Zip: 33040
25. Country: USA

26. Mailing Address: P. O. BOX 430140
27. Suite, Apt. #, etc:
28. City & State: BIG PINE KEY, FL
29. Zip: 33043
30. Country: USA

4. FEI Number: 592975529 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSON, ROBERT ARTHUR
MM 30 1/4 & AVENUE A
P. O. BOX 430534
BIG PINE KEY, FL 33043

10. Name and Address of New Registered Agent

81 Name: STEVEN MERKLEIN
82 Street Address (P.O. Box Number is Not Acceptable): 31324 Avenue C
83
84 City: BIG PINE KEY, 85 FL Zip Code: 33043

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: Steven B Merk 5-1-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WATSON, ROBERT ARTHUR RTE. 5, BOX 399, BIG PINE KEY, FL ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MERKLEIN, STEVEN 31324 Avenue C BIG PINE KEY, FL 33043 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WATSON, MILDRED CLARA RTE. 5, BOX 399 BIG PINE KEY, FL 33043 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	500002556665--9 -06/11/98--01056--007 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	500002556665--9 -06/11/98--01056--008 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition AD

14. I 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: Steven B Merk 5-1-98 872-4819
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE Daytime Phone #