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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L60705

(5)

REEF DISPLAYS OF THE FLORIDA KEYS, INC.



97 JUN 20 411 7: 44

SECKETARY DE STATE TALLAHASSEE FLORIDA



| Principal Place of Business Mailing Address | | | | | | | | | BEL DEDET BLOCK I | | |
|---|--|-------------------|---|-----------|-------------------|---|--|-------------------------|-----------------------------|----------------------------|--|
| 10925 OVERSE MARATHON FL | | | 10925 OVERSEAS HWY. MARATHON FL 33050-3458 | | | | | | | | |
| | | | | | | | 3. Date incorporated or Qualified 03/22/1990 | | ie of Last Re)7/1996 | eport | |
| 2. Principal P | lace of Business | 2a. Mailing | 2a. Mailing Address | | | | 4. FEI Number | | | plied For | |
| 21 | | 26 | <u> </u> | | | | 65-0238398 | | | t Applicable | |
| Suite, Apt. | #, etc. | 27 | | | | | 5. Certificate of Status Desired | | \$8.75 A | I | |
| City & Stat | e | City & S 28 | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip | Country | Zip | | Cou | ntry | • | 8. This corporation has liability for i | | | 199.032, | |
| 24 | 25 | 29 | | 30 | | | Trongs Citation | | No | | |
| · · · · · · · · · · · · · · · · · · · | 9. Name and Address of Curre | nt Registered Ag | | 01 | Alama | 10. Name and Address of New Ra | ystered / | agent | | | |
| | ERSON, BONAR D | | | | 81 | Name | • | | | | |
| 1092 MAR | | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptable) | | | | | |
| **** | | | | | 83 | | | | | | |
| | | | | | 84 | | | FL | 85 Zip (| j | |
| office or I | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig | of Florida, Such. | change was | authorize | d by | the corporat | poration submits this statement for the p tion's board of directors, I hereby accep | urpose of of the app | changing its ointment as | s registered registered | |
| SIGNATURE | | | | 71. [1 | | | red when roinstaling) | DATE | | | |
| 12. | Signature, typed or printed name of registered ag OFFICERS AN | ID DIRECTORS | :. (NO | 13. | o Age | an Eignature requi | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | S IN 12 | |
| TITLE | DP | | DELETE | 1.1 70 | ILE | | | | Change | Addition | |
| NAME | WALSH, MELBOURNE E., JR | | | 1.2 N | AME | | | | | Í | |
| STREET ADDRESS | 10959 OVERSEAS HWY | | | 1.3 S | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | MARATHON FL | | | 1.4 0 | TY-S | ST-ZIP | | | | | |
| TITLE | DST DELETE | | DELETE | 21 TI | | | | | Change | Addition | |
| NAME | WALSH, STEPHANIE L. | | | 2.2 N | AME | | ÷ | | | | |
| STREET ADDRESS | 10959 OVERSEAS HWY | | | | 23 STREET ADDRESS | | 2000022 | 210 | 013- | 9 | |
| CITY-ST-ZIP | MARATHON FL | | 1 | 2 4 0 | ITY-S | ST-ZIP | 3000022 -06/ <u>24/</u> 3 |) /() : | I024C |)11 | |
| TITLE | D | 1 | DETELE | 311 | TLE | | ****165 | i . [[]] | ANOMANA E | Milbition | |
| NAME | PETERSON, BONAR | / | • | 3.2 N | 4ME | | | | | į | |
| STREET ADDRESS | 1 TIBUROW CIR SHARK KEY | | | 3.3 S | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | KEY WEST FL | | | 34.0 | ΠΥ- S | S1 - ZIP | | | | | |
| TITLE | | | DELETE | 4.1 11 | TLE | | | | Change | ☐ Addition | |
| NAME | | | | 4.2 N | AME | | | | | | |
| -STREET ADDRESS | | | | 4.3 S | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 C | 1Y-S | ST - ZiP | | | | | |
| TITLE | | | DELETE | 5.1 TI | TLE | | | | Change | ☐ Addition | |
| NAME | | | | 5.2 N | AME | | | | | | |
| STREET ADDRESS | | | | 5.3 S | IREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 C | 17-S | S1-ZIP | | | | | |
| TITLE | A | [| DELETE | 6.1 TI | TLE | | | | Change | Addition | |
| NAME | <u> </u> | | | 6.2 N | AME | | | | | | |
| STREET ADDRESS | - | | | 6.3 S | IREE 1 | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 6.4 C | IY-8 | ST-ZIP | | | | <u> </u> | |

14. I 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.