

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L88594** (1)
1. Corporation Name
REEF REACHER, INC.

Principal Place of Business
**P. O. BOX 594
ANNA MARIA FL 34216**

Mailing Address
**P. O. BOX 594
ANNA MARIA FL 34216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2103 Bay Blvd.		2a. Mailing Address 26 2103 Bay Blvd.		3. Date Incorporated or Qualified 07/24/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0213684	
City & State 23 Indian Rocks Beach, FL		City & State 28 Indian Rocks Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33785	Country 25	Zip 29 33785	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SHIELDS, PHILIP H., JR. 243 GLADIOLUS ANNA MARIA FL 34216				10. Name and Address of New Registered Agent	
				81 Name Robert G. Hamilton	
				82 Street Address (P.O. Box Number is Not Acceptable) 2103 Bay Blvd.	
				83	
				84 City Indian Rocks Beach	
				85 Zip Code FL 33785	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

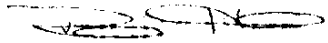
DATE

3/31/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIELDS, PHILIP H., JR.			1.2 NAME			
STREET ADDRESS	243 GLADIOLUS DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ANNA MARIA FL			1.4 CITY-ST-ZIP			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIELDS, CANDICE, L			2.2 NAME			
STREET ADDRESS	243 GLADIOLUS DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ANNA MARIA FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Robert G. Hamilton		
STREET ADDRESS				3.3 STREET ADDRESS	2103 Bay Blvd.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:



3/31/98

CR2E034 (10/97)