

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12431

(6)

1. Corporation Name

CORAL REEF RESEARCH, INC.

Principal Place of Business

**6911 S.W. 7TH COURT
NORTH LAUDERDALE FL 33068**

Mailing Address

**6911 S.W. 7TH COURT
NORTH LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/11/1985

3a. Date of Last Report
04/29/1994

4. FEI Number
59-2512775

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**

7. Has corporation ever made a contribution for election purposes under 5-102.025,
Florida Statutes? ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

24

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

**KLOSTERMANN, ADOLF F.
6911 S.W. 7TH COURT
N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0504, Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent or the corporation)

(Signature of Registered Agent or person or registered agent accepting)

31

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

**PD
KLOSTERMANN, ADOLF F.
6911 S.W. 7TH COURT
N. LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, STATE, ZIP

☐ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

**SD
KLOSTERMANN, BONNIE J.
6911 S.W. 7TH COURT
N. LAUDERDALE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, STATE, ZIP

☐ Change ☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, STATE, ZIP

☐ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, STATE, ZIP

☐ Change ☐ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, STATE, ZIP

☐ Change ☐ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, STATE, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New York, Florida and Florida Statutes. Further, I certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That can be officer or director of the corporation or the receiver of liquidation empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears in block 12 or block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

5-4-95

305-974-076-2