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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-7P

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **M95404**

(3)

REEF REALTY CORP. Principal Place of Business Mailing Address 20801 BISCAYNE BLVD 20801 BISCAYNE BLVD SUITE 505 SUITE 505 N. MIAMI FL 33180 N. MIAMI FL 33180-1400 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1988 03/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0068401 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zin Country Zip. Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 505** 83 N. MIAMI FL 33180 84 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 607.0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reinstating) Stgnarine, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE __ DELETE Change Addition 1.1 TITLE KURTZMAN, ALAN M. NAME 1.2 NAME 502 N HIGHLANDS DRIVE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition FROMBERG, MALCOLM H. NAME 2.2 NAME 1771 NORTH VIEW DRIVE, SUNSET ISLAND #1 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition FROMBERG, LYNN W. NAME 3.2 NAME 3796 N.E. 209TH TERRACE STREET ADDRESS 3.3 STREET ADDRESS N. MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition Trale 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 54 CITY-ST-ZIP CITY - ST - 7th TOTLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY+ST-ZIP 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 inclicated on this armulal 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 arm an officer or director of the gorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

god, or on an attachment with an address