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Jun 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N15400 (7)

1. Corporation Name

ORGANIZATION OF ARTIFICIAL REEFS, INC.



Principal Place of Business Mailing Address
2545 BLAIRSTONE PINES DR 2545 BLAIRSTONE PINES DR
100 100
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-5926
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

3. Date Incorporated or Qualified 06/13/1986 3a. Date of Last Report 01/29/1996
4. FEI Number 59-2709539 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KOWALCHYK, DEAN C 81 Name
411 N. CALHOUN STREET 82 Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301 83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE 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 | CD | 1.1 TITLE | CD |
| NAME | STEPHENSON, FRANK | 1.2 NAME | Merritt, Chris |
| STREET ADDRESS | 1905 E. NELSON CIRCLE | 1.3 STREET ADDRESS | 3905 Royal Oaks COURT |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | TALLAHASSEE, FL 32308 |
| TITLE | TD | 2.1 TITLE | S |
| NAME | QUILL, TURK | 2.2 NAME | Bracken, Matthew |
| STREET ADDRESS | 117 SALEM COURT | 2.3 STREET ADDRESS | 2444-A DARNELL CIRCLE |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | D | 3.1 TITLE | |
| NAME | DAVIS, JIM | 3.2 NAME | |
| STREET ADDRESS | 7175 DYKES RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | CIABOTTI, JEFF | 4.2 NAME | |
| STREET ADDRESS | 201 DIXIE DR. APT A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6/6/97 656-2114

CR2E037 (9/96)