


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90066 043 ****61.25

0025327

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N94000002918

1. Corporation Name

CORAL REEF SWEEPERS, INC.

Principal Place of Business
6400 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address
6400 OVERSEAS HIGHWAY
MARATHON FL 33050



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0501734	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MISHMASH, SALLY A 6400 OVERSEAS HIGHWAY MARATHON FL 33050				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISHMASH, SALLY A		1.2 NAME		
STREET ADDRESS	6400 OVERSEAS HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLAND, VICKIE		2.2 NAME	TR HART, VICKIE	
STREET ADDRESS	1996 OVERSEAS HWY		2.3 STREET ADDRESS	915 80th ST OCEAN	
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	PTR	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANDMEYER, DENNIS		3.2 NAME		
STREET ADDRESS	13365 OVERSEAS HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		3.4 CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENVENUTI, LARRY		4.2 NAME		
STREET ADDRESS	6400 OVERSEAS HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20 99 305-743-2522

CR25037 (11/99)