FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P05309 (0)

1. Corporation Name
OUTER REEF 1982 LTD., CORPORATION

Principal Place of Business
C/O JOEL L. KIRSCHBAUM
200 EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301

Mailing Address
C/O JOEL L. KIRSCHBAUM
200 EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 03/15/1985
3a. Date of Last Report: 02/01/1995

4. FEI Number: NOT APPLICABLE ☐ 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

2. Principal Place of Business
21 Joel L. Kirschbaum
Suite, Apt. #, etc.
22 888 E Los Olas Blvd Suite 400
City & State
23 Ft Lauderdale, Fl
Zip
24 33301
Country
25

2a. Mailing Address
26 Joel L. Kirschbaum
Suite, Apt. #, etc.
27 888 E Los Olas Blvd Suite 400
City & State
28 Ft. Lauderdale, Fl
Zip
29 33301
Country
30

9. **Name and Address of Current Registered Agent**

KIRSCHBAUM, JOEL L.
200 EAST BROWARD BOULEVARD
FT. LAUDERDALE FL 33301

10. **Name and Address of New Registered Agent**

81 Name: Kirschbaum, Joel L
82 Street Address (P.O. Box Number is Not Acceptable): 888 E Los Olas Blvd Suite 400
83 Ft Lauderdale, Fl 33301
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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD	☐ DELETE	1.1 TITLE	PVD ☒ Change ☐ Addition
NAME	WAGNER, JOSEF		1.2 NAME	Wagner Josef
STREET ADDRESS	200 E. BROWARD BLVD.		1.3 STREET ADDRESS	888 E. Las Olas Blvd Suite. 400
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33301
TITLE	STD	☐ DELETE	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	KIRSCHBAUM, JOEL L.		2.2 NAME	Kirschbaum, Joel L.
STREET ADDRESS	200 E. BROWARD BLVD.		2.3 STREET ADDRESS	888 E. Los Olas Blvd Suite 400
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33301
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR