

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90011 029 ***150.00

0123085

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000013891

1. Corporation Name
1409 REYNOLDS HOLDING, INC.



Principal Place of Business
**400 SOUTH ST
 KEY WEST FL 33040
 US**

Mailing Address
**POST OFFICE BOX 550
 PRINCETON NJ 08542**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1992

4. FEI Number
13-3711435

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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
21

2a. Mailing Address **26**
**c/o Matthews & Co
 331 Madison Ave**

Suite, Apt. #, etc.
22
8th fl

City & State
23
New York, NY

Zip Country
24 **25**
10017 **30**

9. Name and Address of Current Registered Agent
**DEAVERS, KARY H
 400 SOUTH STREET
 KEY WEST FL 33040**

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	DEAVERS, KARY	
STREET ADDRESS	16 FARBER ROAD	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEAVERS, KARY	
STREET ADDRESS	16 FARBER ROAD	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	c/o Matthews & Co, 331 Madison Ave, 8th fl
1.4 CITY-ST-ZIP	New York, NY 10017
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	c/o Matthews & Co, 331 Madison Ave, 8th fl
2.4 CITY-ST-ZIP	New York, NY 10017
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	ROBERT MATTHEWS
3.4 CITY-ST-ZIP	331 MADISON AV 8TH FL New York, NY, 10017
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Matthews **REQUIRE MATTHEWS** Date: **7/27/99** **212 2935100**

CR2E034 (5/99)

MATTHEWS & CO.

Certified Public Accountants

1092080013891
598061-90011-29

331 Madison Avenue
New York, New York 10017

Telephone (212) 293-5100
Fax (212) 293-5560

July 27, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: 1999 Profit Corporation Annual Report

Dear Sir/Madam:

We are writing on behalf of the following taxpayers regarding the above referenced report:

1. Hidden Beach, Inc. 65-0796838
2. The Honorary Conch Corporation 13-3709212
3. 1409 Reynolds Holding, Inc. 13-3711435

The forms were sent to incorrect addresses; the original reports were never received and the second notice copies were only received by the taxpayers last week. As a result, the reports could not be filed on a timely basis. We respectfully request that you waive the late charges. Enclosed please find the completed reports and payments of the filing fees.

Thank you in advance for your attention to this matter.

Very truly yours,


Robert S. Matthews