SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300082678 (2)

BIO REEF, INC.

APPROVED AND FILED pg.192

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



						108/1881 170 10/46 10/10 88/10 90/10 88/10 90/10 10/10 10/10 88/11 1880 10/10 10/10				
Principal Place of Business Mailing Address							1 66161 (6175 (1616	#1)	** (\$11.1\$\$1	
13170-43 ATU		13170-43 ATLANTIC BLVD.								
JACKSONVILLE FL 32225		JACKSONVILLE FL 32225				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	3a. Date of	Last Re	port	
						12/03/1993	03/20/	1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			olied For	
21		26				59-3211666		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional	
22		27						ee Re	<u></u>	
City & State)	City & State				6. Election Campaign Financing			May Be	
Zip	Country	Zip Country				Trust Fund Contribution	<u> </u>	dded to		
24	25	29	30			8. This corporation owes or has paid the current/year Intanciale Personal Property Tax due June 30. Yes 'a No				
24		me and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
71F	VIS, MARY LOU J			61	Name					
	70 43 ATLANTIC BLVD			82	Cucai Add	Isona (D.O. Boy Number is Net Assentable	~1			
	CKSONVILLE BCH FL 32233			82	Street Add	et Address (P.O. Box Number is Not Acceptable)				
				83		The second secon				
				84	City		85	Zip C	ode	
44 5	Man (size (Casting CO7 Of OO	and COZ 4500. Florido Ciat	lan Aba ab			and in a balta this statement for the sa	FL	nina ite	resistand	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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										
				1 Age:	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE.	CTOR	2 INI 12	
TIFLE			13. 1.1 III	1.1 TITLE		ADDITIONS/OFFANGES TO OFFICE		hange	Addition	
NAME	ZIEVIS, JOHN J		1.2 NA				_	•		
STREET ADDRESS	1898 SEA OATS DRIVE		1.3 ST		ADDRESS					
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		1.4 CITY-ST-		1					
TITLE	VID	☐ DELETE		2.1 TITLE				hange	Addition	
NAME	ZIEVIS, MARY LOU		2.2 NAME							
STREET ADDRESS	1898 SEA OATS DRIVE		2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2. 4 CITY - ST - ZII		T-ZIP					
TITLE	8D	☐ DELETE	3.1 TATLE					hange	Addition	
NAME	ZIEVIS, CRAIG J		3.2 NAME							
STREET ADDRESS	1898 SEA OATS DRIVE		3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	- Decer	3.4. C		T-ZIP				- T-1 (2220)	
TITLE 7				4.1 TITLE			ں ب	hange	☐ Addition	
NAME /				4. 2 NAME 4.3 STREET ADDRESS						
STREET ADDRESS										
CITY-ST-ZIP TITLE		☐ DELET E	4.4 City-5 5.1 Title		- Z(P			hange	Addition	
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STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS		300002265463 3				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			****165		**1E	5.00	
TITLE		DELETE	6.1 Til			(1/1144		hange	Addition	
NAME			6.2 NA			U. War		-		
STREET ADDRESS				6.3 STREET ADDRESS		Q10.1a	7			
CITY-\$T-ZIP			6.4 C/TY			רוטוט	7			
	to bareby certify that the information expolled with this filing does not qualify for					d in Contine 110 07(2)(i) Florida Ciatutas	Lituribas parti	Ly that	h.	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challged, or on an attachment with an address.

CR2E034 (4/97)

Pg.2012

Florida Department of State Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

Bio Reef, Inc.

59-3211666

Annual Report 1997

Dear Madam or Sir:

I am requesting an abatement of the late penalty assessed against the above referenced corporation. The report was not filed in a timely manner due to medical problems which I encountered in the spring of the year. These problems led to hospitalization and on going therapy, which I am required to follow daily. I recently returned to be involved in the operation of my business and in meeting all of my overdue obligations

If there are any questions, please do not hesitate to contact me.

For the Corporation,

John X Zievis

President