FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000030260 (0)**

1. Corporation Name
REEFS, RUINS AND RAINFORESTS, INC.

Principal Place of Business	Mailing Address
201 N UNIVERSITY DR SUITE 114 PLANTATION FL 33324	201 N UNIVERSITY DR SUITE 114 PLANTATION FL 33324-2094

3. Date Incorporated or Qualified: 04/13/1995	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0589113	☐ 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	2a. Mailing Address
21 7481 W Oakland Park Blvd	26 7481 W. Oakland Park Blvd
Suite, Apt. #, etc. 22 308	Suite, Apt. #, etc. 27 308
City & State 23 Ft Lauderdale, FL	City & State 28 Ft Lauderdale FL
Zip 24 33319 Country 25 BROWARD	Zip 29 33319 Country 30 Broward

9. Name and Address of Current Registered Agent

SINGER, JOSEPH K
201 N UNIVERSITY DR
SUITE 114
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: LINDA FOUKE
82 Street Address (P.O. Box Number is Not Acceptable): 7481 W Oakland Park Blvd - Ste 308
83 Ft Lauderdale
84 City: FL 85 Zip Code: 33319

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: Linda G Fouke Linda G. Fouke 3/19/97
Signature of new registered agent, if changed (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOUKE, LINDA 201 N UNIVERSITY DR SUITE 114 PLANTATION FL 33324 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 7481 W Oakland Park Blvd - Ste 308 Ft Lauderdale, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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

SIGNATURE: Linda G Fouke Linda G. Fouke 3/19/97 954-572-1902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #