

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000045745 (3)**

1. Corporation Name

**REEF ENCOUNTERS, INC.**



Principal Place of Business: **10041 SOUTHWEST 156TH STREET MIAMI FL 33157**  
Mailing Address: **10041 SOUTHWEST 156TH STREET MIAMI FL 33152**

3. Date Incorporated or Qualified: **06/06/1995**  
3a. Date of Last Report

2. Principal Place of Business: **21 2919 So. State Road #7**  
2a. Mailing Address: **26 2919 So. State Road #7**

4. FEI Number: **65-0588639**  
Applied For:  Not Applicable

22. City & State: **23 Hollywood FL.**  
27. City & State: **28 Hollywood FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

24. Zip: **33023**  
25. Country: **Broward**  
29. Zip: **33023**  
30. Country: **Broward**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HABER, MICHAEL A ESQ.  
ONE NORTHEAST 2ND AVENUE  
MIAMI FL 33132**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent (if not the corporation) (501) Registered Agent signature required by reinstating

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE	<b>FREDERICK S. McDONALD</b> <input type="checkbox"/> DELETE
NAME	<b>FREDERICK S. McDONALD</b>
STREET ADDRESS	<b>10341 SW 156 ST</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>FREDRICK S. McDONALD</b>
STREET ADDRESS	<b>10341 S.W. 156 ST</b>
CITY - ST - ZIP	<b>MIAMI FL. 33157</b>
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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

**4/8/96**  Change  Addition  
**Bank deposit \$225.00**

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: **Fredrick McDonald**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/96** **954-987-4090**  
**CS 4/18/96**

CR2E034 (12/95)