## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARAMENT OF STAT

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058215 (0)

REEF C	n Name REATIONS	S, INC.		)							
Principal Place of Business Mailing Address							,, ,	1 19646961 016 10140 01411 08111 09111 00111	#6181 E111	f HOTEL HARDI HARD	
33218 U.S. 19 N. PALM HARBOR FL 34684				33219 U.S. 19 N. PALM HARBOR FL 34684-3153							
								3. Date incorporated or Qualified 07/11/1996	3a. D	ate of Last R	teport
Principal Place of Business     The Principal Place of Business     The Principal Place of Business			} <u>-</u>	2e. Mailing Address 26				4. FE1 Number 59-3192670			pplied For of Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State				City & State				6. Election Campaign Financing			May Be
23			28	28				Trust Fund Contribution			to Fees
Zip	Zip Country			Zip Co.		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25		29					Florida Statutes Yes No			
		and Address of Curi	ent Regis	tered Agent		B1	Name	10. Name and Address of New Re	gistered	Agent	
	ARCO, ROB				\'		Name				
3440 EAST LAKE ROAD, #104 PALM HARBOR FL 34685				В			Street Addre	ess (P.O. Box Number is Not Acceptate	olo)		
						B3					
						84	City		FL	<b>-</b>     `	Code
11. Pursuant office or r	to the provisi registered ago am familiar wit	ons of Sections 607.0 ent, or both, in the State the and accept the ob-	502 and 6 ite of Floric ligations of	07.1508, Florida Statu ta. Such change was , Section 607.0505, F	ites, the ab- authorized lorida Statu	ove by ites	named corpo the corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of the ap	of changing it pointment as	ts registered registered
SIGNATURE		,	<u> </u>								II.
	Signature, typod	or printed name of registered				Ager	nt signature require	d when reastaing)	DATE OF AN	D DIDEOTOI	30 141 40
12.	<u> </u>	OFFICERS A	AND DIREC	DELETE	13. 1.1 1/III	r		ADDITIONS/CHANGES TO OFFIC	EHS AN	Change	Addition
NAME	ALLAIRE.	KENNETH T			1.2 NA					E.J. Orlango	L_J radition
STREET ADORESS		ANAL DRIVE			ľ		ADDRESS				
City-ST-ZIP		RBOR FL 34684			1.4 0(1)						
TITLE				DELETE	211111					Change	Addition
NAME					2 2 NAM	ИC					
STREET ADDRESS	}				23 STR	EE1 A	ADDRESS				·
CITY-ST-ZIP			<del></del>		2 4 CIT	Y · S	1 - ZIP				
TITLE				□ DELFT€	31 1170	1.				Change	Addition
NAME					3.2 NA	ME.					
STREET ADDRESS					3.3 STH	EE1 /	ADDRESS				
CITY-ST-ZIP				☐ DELFTE	3.4 CIT		1- ZIP			Change	Addition
TITLE				□ bttt	4.1 TITE					☐ Change	☐ Addition
NAME STREET ADORESS					4. 2 NA		*DDDDEGC				
CITY-ST-ZIP	İ						ADDRESS				
TITLE	<u> </u>			DELETE	44 CH 51 111		1-715			Change	Addition
NAME				_,	5.2 NAM						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					5.4 CIT	Y - ST	r- <b>2</b> iP				
TITLE		<del></del>		☐ DELETE	6.1 TH		1			Change	Addition
NAME					6.2 NAM	M					
STREET ADDRESS	[				6.3 STF	é E, T a	ADDRESS				
CITY-ST-ZIP	1				6.4 CH	y - \$1	1-7IP				

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 logal offect 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.

144 HOT DECEMBER