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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036036 (6)

REEF EXPLORER CORPORATION

Principal Place of Business

SIGNATURE:

Mailing Address

201 FRONT STREET, BLDG. 21, SUITE 109 KEY WEST FL 33040

201 FRONT STREET, BLDG. 21, SUITE 109 KEY WEST FL 33040

## **FILED** Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					04/21/1997	)
2. Principal F	Place of Business	2a. Mailing Address	11111	,	4. FEI Number	Applied For
21			6446		65-0748802	Not Applicable
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	∋, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		City & State	late / _ /		6. Election Campaign Financing	\$5.00 May Be
23	28 KEY WEST,		FL.		Trust Fund Contribution	Added to Fees
Zip	Country Zip		_ Country		8. This corporation owes or has paid the cur	_ · _ ·
24		29 93041 6416 30	0			」Yes ∐ No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	Agent
RUSS, KIRK M				Name		
501 WHITEHEAD STREET, SUITE 3 KEY WEST FL 33040			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			100	100		
			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 Signature, typod or printed name of registered agent and title dispolatation (NOTE: Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.	ili sigrisiore requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		7,5511101107011111010110111011101110111011	☐ Change ☐ Addition
NAME	NORQUOY, PETER	_	1.2 NAME			
STREET ADDRESS			1.3 STREET	ADORESS		
CITY-ST-ZIP KEY WEST FL 33040			1.4 CITY-S			
TITLE	***************************************	DELETE	2.1 TITLE	<u></u>		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREET	ADDRESS		
CITY-ST-ZIP	<b>1</b>		2. 4 CITY - S	1		ì
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME	33		3.2 NAME			ì
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY~S	T-21P		1
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	r-ziiP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1	T- 21P		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME	1		}
STREET ADDRESS			6.3 STREET	ADDRESS		)
CITY-ST-ZIP			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 emperied 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.						