

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000036036**

1. Corporation Name
REEF EXPLORER CORPORATION

Principal Place of Business
**201 FRONT STREET, BLDG. 21, SUITE 109
KEY WEST FL 33040**

Mailing Address
**P O BOX 6446
KEY WEST FL 33041-446
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24

26 Suite, Apt. #, etc
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

**RUSS, KIRK M
501 WHITEHEAD STREET, SUITE 3
KEY WEST FL 33040**

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

Signature, typed or printed name of registered agent as it appears on application

(NOTE: Be prepared to sign your name on the back of this form.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	[] DELETE
NAME	NORQUOY, PETER	
STREET ADDRESS	201 FRONT STREET, BLDG. 21, SUITE 109	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		[] Change [] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

1622 900002756268--2
02/05/99 01095-002
KEY WEST, FL 33040 ***1058.00 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/19/99 305-294-2369

CR2E034 (11/98)