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 # P9700084657 (0)

AQUA DOC'S REEF INCORPORATED

FILED May 13 1998 8:00am Secretary of State

Principal Plac	ce of Business RSEAS HIGHWAY FL 33037	Mailing Address 101463 OVERSEAS HIGHM KEY LARGO FL 33037	VAY				
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997	
2. Principal Place of Business 22. Mailing Address 21			,, <u>_</u> ,			4. FEI Number Applied For Not Applied by Not Applied For Not Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State City & State 28			Э			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24				Country		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cur		1	-		10. Name and Address of New Registered Agent	
L	JPINO, JAMES S		18	11	Name		
90130 OLD HIGHWAY				12	Street Addre	treet Address (P.O. Box Number is Not Acceptable)	
TAVERNIER FL 33070			-	13			
			١	.3			
			Ē	И	City	FL 85 Zip Code	
11. Pursuant office or agent. I	to the provisions of Sections 607.0 registered agent, or both, in the SI am familiar with, and accept the of Signature, typed or profiled name of registeres					oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered of when reinstating)	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL	E		Change Addition	
NAME	SNELL, RONALD L	NAW.	1.2 NAM	E			
STREET ADDRESS	101463 OVERSEAS HIGHN KEY LARGO FL 33037	YAT			ADDRESS		
CITY-ST-ZIP TITLE	KET DANGO PE 33037	DELETE	1.4 City-5 2.1 Title		- 210	Change Addition	
NAME			2.2 NAME			C charge C Audition	
STREET ADDRESS	1		1	2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		<u></u>	☐ Change ☐ Addition	
NAME		3.3		E			
STREET ADDRESS	1		3.3 STRE	ET A	address		
CITY-ST-ZIP				/- S1	T-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAN				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETÉ	4.4 CITY-S' 5.1 TITLE		- ZIP	Change Addition	
TITLE NAME		CT OCCEPT	5.1 MAME			C CHAING	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					I		
TITLE		DELETE	5.4 CITY-S' 6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAM			_ · _	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST	- ZIP		
14. I hereby indicated officer or	certify that the information supplied to this annual report or supplied director of the corporation or the corporation or the corporation or the corporation.	with this filing does not qualify for intal applical report is true and accuracy or trustee empowered to a				Section 119.07(3)(i), Florida Statutes. I further certify that the information eishall have the same legal effect as if made under oath; that I am an ised by Chapter 607. Florida Statutes: and that my name appears in	

officer or director of the corporation or the receiver or frustee 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 approach.

SIGNATURE:

field