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 # 1. Corporation Name P97000092344 (5)

SOMBRERO REEF EXPLORERS, INC.

Principal Place of Business	Mailing Address			
19 SOMBRERO BLVD	19 SOMBRERO BLVD			
MARATHON FL 33050	MARATHON FL 33050			

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					T CONTINUENT THE NATURAL RESILT BEHIND BEHIND THE TENER THE STATE		
19 SOMBRERO BLVD MARATHON FL 33050			19 SOMBRERO BLVD MARATHON FL 33050			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/28/1997	
2. Principal Place of Business 2a. Mailing Addi			Address		·	4. FEt Number Applied For	
21 25 Suite, Apt. #, etc.			Suite, Apt. #, etc.			(65-0789918 Not Applicable \$8,75 Additional	
22 27						5. Certificate of Status Desired Fee Regulred	
City & State		City & 28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	_ Zip	7ip Coun		y	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔀 No	
						10. Name and Address of New Registered Agent	
AMERILAWYER			0	Name			
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	Street Add	dress (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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typied or printed name of registered	spent and tric if applicate	la (NOTE	Ron stored An	en' signature retitu	uired when reinstating) DATE	
12.		AND DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	, or or graduate rough	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD		DELFTE	11TUTLE		Change Addition	
NAME	SCHUBACH, FREDERICK	W JR		1.2 NAME			
STREET ADDRESS 19 SOMBRERO BLVD		1.3 STREE	T ADDRESS				
CITY - S1 - ZIP	MARATHON FL 33050			1.4 CITY -	ST-ZIP		
TITLE	DELETE 2.11		2.1 TITLE	ļ	☐ Change ☐ Addition		
NAME		2.2		2.2 NAME			
STREET ADDRESS	SS 2		2.3 STREE	T ADDRESS			
CITY - ST - ZIP			2. 4 CITY-	ST-ZIP			
TITLE	_ `		3.1 TITLE		Change L Addition		
NAME				3.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP			DELETE	3.4. CiTY-	ST-ZIP	Chance Addition	
TITLE			4.1 TITLE		☐ Change ☐ Addition		
NAME				4. 2 NAME			
STREET ADDRESS					I ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - 1 5.1 TITLE	SI-ZIP	☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				5.4 CITY-1	í		
TITLE			DELETE	6.1 TITLE	DIT EIF	Change Addition	
NAME.			···•	6.2 NAME		- Change - Change	
STREET ADDRESS					T ADDRESS		
CHY-ST-ZIP				6.4 CITY-1	- 1		
OIL1 - OL-74F				0.4 01(17)	e LR		

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or an an attachment with an address.

117/08

205.043.053/2