

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90063 002 \*\*\*150.00

DOCUMENT # P98000017648

1. Corporation Name

BLUE REEF CONSULTING, INC.

Principal Place of Business

7785 SW 86TH ST. SUITE 417  
MIAMI FL 33143

Mailing Address

7785 SW 86TH ST. SUITE 417  
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

65-081566

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

MATHIAS, WENDY M  
7785 SW 86TH ST, SUITE 417  
MIAMI FL 33143

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MATHIAS, WENDY M  
STREET ADDRESS 7785 SW 86TH ST, SUITE 417  
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ DELETE

NAME HOFFBERG, ALAN M  
STREET ADDRESS 414 TWISTING PINE CIRCLE  
CITY-ST-ZIP LONGWOOD FL 33143

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME CUNTON SHERNOL MATHIAS  
1.3 STREET ADDRESS 7785 SW 86 STREET, SUITE 417  
1.4 CITY-ST-ZIP MIAMI FL 33143

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME HOFFBERG, ALAN M  
2.3 STREET ADDRESS 414 TWISTING PINE CIRCLE  
2.4 CITY-ST-ZIP LONGWOOD FL 32779

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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: Wendy Mathias WENDY MATHIAS 1/8/99 305-274-1826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)