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

DOCUMENT # P98000018969 1. Corporation Name

CORAL REEF VENTURES, INC.

Principal Place of Business

Mailing Address

6793 W NEWBERRY RD

6793 W NEWBERRY RD

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90068 041 ***150.00



GAINESVILLE FL 32605		GAINESVILLE FL 32605		DO NOT WE	DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualifer		
	•			02/26/1998		
2. Principal Pla	ace of Business _ / /	2a. Mailing Address	٠, ٨.	4. FEI Number 59-350288	Applied For	
21 3324	f W. University Hu	26 5324 W. Univ	iersity Hv	e 59-330200		
Suite, Apt.		Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 Additional	
22 269	<u> </u>	27 269			Fee Required	
City & State		City & State	rla mida	6. Election Campaign Financing	· · · · · · · · · · · · · · · · · ·	
23 Gainesville, Fla. 28 Gainesville, F					Added to Fees	
Zip	Country	Zip 73 / 47 =	Country	8. This corporation owes the cu	rrent year Intangible	
24 326	25 4.3. 4	29 32-60 / 30	u sa	Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 2 2 2						
1 100 100 100 100						
DANIELS, DAVID 6793 W NEWBERRY RD 82 Street Address (P.C.				ddress (P.O. Box Number is Not Accept W. University	(able)	
OANIFOLD I COMO COMO COMO COMO COMO COMO COMO CO						
GAINESVILLE FL 32605				269		
			84 City	• 11-	85 Zip Code	
Gainesuite FL 32607						
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						
11. Pursuant to the provisions of Sections 601/3022 and 607/3022 and 6						
SIGNATURE 4-27-17						
	Signature, yped or printed name of registered agent a		egistered Agent signature rec	quired when reinstating)	DATÉ	
12.	OFFICERS AND		13.		FFICERS AND DIRECTORS IN 12 Change Addition	
TITLE		☐ DELETE	1.1 TITLE P	David Daniels 3324 W. Univers	-1. A - # > C9	
NAME			1.2 NAME	3324 W. Univers	1119 110E -201	
STREET ADDRESS			1.3 STREET ADDRESS	Gainesville, FL. ROSE DANIELS 3324 W. Universi	32607	
CITY-ST-ZIP		□ profes	1.4 CITY-ST-ZIP	Gainesoitie ; t =:	Change Addition	
TITLE		☐ DELETE	2.1 TITLE 7	ROSE DANIELS	L Ase 369	
NAME			2.2 NAME	3324 W. Universi	10 10 20	
STREET ADDRESS			2.3 STREET ADDRESS	Gainesville, FL. FRED PATTERSON 3324 W. Universi	32607	
CITY-ST-ZIP	<u></u>		2. 4 CITY-ST-ZIP	Gamesvine	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE		☐ DELETE	3.1 TITLE 5	FRED PATTERSON		
NAME			3.2 NAME	3324 W. Universi	ty the col	
STREET ADDRESS			3.3 STREET ADDRESS	Gainesville, Fc.	32607	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Gamesone		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-\$T-ZIP			4.4 CITY-ST-ZIP	01/05/00		
TITLE	CORA79	3 326052717 SENDER OF NEW	T/ADDBESS	01/03/33	☐ Change ☐ Addition	
NAME	NOTIFY CODAT	REED PROPERT			,	
STREET ADDRESS	3324 W	UNIVERSITY A	VE #269	•	,	
CITY-ST-ZIP	GAINES	VILLE FL 3260	7-2540	·		
TITLE	1		·		☐ Change ☐ Addition	
NAME	. <i>i</i>	0 1 5 11 1 1 10	• 14.1.14.10	1		
STREET ADDRESS	, հահափահ	միահունմեհեժուն վ ին	ORITATIONALIATOR	•		
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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, opporary attachment with an address, with all other like empowered.

SIGNATURE: