

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90039 029 ***150.00

DOCUMENT # P98000089266

1. Corporation Name

INLAND REEF FISHERIES, INC.



Principal Place of Business

9901 WESTVIEW DRIVE, SUITE 316
CORAL SPRINGS FL 33076

Mailing Address

9901 WESTVIEW DRIVE, SUITE 316
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

65-0840095

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

21 1750 UNIVERSITY DR.

Suite, Apt. #, etc.

22 126

City & State

23 CORAL SPRINGS, FL

Zip

24 33071

Country

25 FLORIDA

2a. Mailing Address

26 1750 UNIVERSITY DR.

Suite, Apt. #, etc.

27 126

City & State

28 CORAL SPRINGS, FL

Zip

29 33071

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN G
9901 WESTVIEW DRIVE, SUITE 316
CORAL SPRINGS FL 33076

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 PD
NAME BLUMBERG, LEONARD
STREET ADDRESS 9901 WESTVIEW DRIVE, SUITE 316
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ DELETE

TITLE VD
NAME IMBERMAN, SCOTT
STREET ADDRESS 9901 WESTVIEW DRIVE, SUITE 316
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ DELETE

TITLE STD
NAME MARGOLIS, JOHN G
STREET ADDRESS 9901 WESTVIEW DRIVE, SUITE 316
CITY-ST-ZIP CORAL SPRINGS FL 33076

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1750 UNIVERSITY DR. #126
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1750 UNIVERSITY DR. #126
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1750 UNIVERSITY DR. #126
3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.23.99

Date

Daytime Phone #

(954) 255-9848

CR2E034 (1/198)