

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

*Amended ar*

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # *P98000089266*

1. Corporation Name  
*INLAND REEF FISHERIES, INC.*

Principal Place of Business Mailing Address  
*1750 UNIVERSITY DR STE 126 CORAL SPRINGS, FL 33071 SAME*

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Name and Address of Current Registered Agent  
*MARGOLIS, JOHN G.  
9901 WESTVIEW DR APT 316  
CORAL SPRINGS, FL 33071*

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]* *LEONARD BLUMBERG, PRES.*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	BLUMBERG, LEONARD	
STREET ADDRESS	1750 UNIVERSITY DR STE 126	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	IMBERMAN, SCOTT	
STREET ADDRESS	1750 UNIVERSITY DR STE 126	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARGOLIS, JOHN G.	
STREET ADDRESS	<del>CORAL SPRINGS</del> 1750 UNIVERSITY DR STE 126	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

FILED  
99 OCT 26 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
*10-19-98*

4. FEI Number  
*65-0870095*

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

81 Name  
*BLUMBERG, LEONARD*

82 Street Address (P.O. Box Number is NOT Acceptable)  
*1750 UNIVERSITY DR ST 126*

83 City  
*CORAL SPRINGS*

84 FL 85 Zip Code  
*33071*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
*CEO*

1.2 NAME  
*LEISER, CONRAD*

1.3 STREET ADDRESS  
*1750 UNIVERSITY DR STE 126*

1.4 CITY-ST-ZIP  
*CORAL SPRINGS, FL 33071*

2.1 TITLE  
*000003043280--1*

2.2 NAME  
*-11/12/99--01103--019*

2.3 STREET ADDRESS  
*\*\*\*\*\*61.25 \*\*\*\*\*61.25*

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *[Signature]* *LEONARD BLUMBERG, PRES.*  
Signature and typed or printed name of signing officer or director

Date: *7/20/99*  
Daytime Phone #: *255-9848*

CR2E034 (1/198)