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 # V64395

O'TOOLE; MCALPIN AND ASSOCIATES INC.

REEF CONSULTING SERVICES, INC.

(9) N.Y. 1/24/98 INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



1 morpai i acc	or Business	maning rataross					
892 JACKSON COURT SATELLITE BEACH FL 32937		692 JACKSON COURT SATELLITE BEACH FL 32937			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified	II IIO OI ACE	
2. Principal Pl	ace of Business	2a. Mailing Address			09/14/1992 4. FEI Number		Applied For
21	troe of Digarioss	26			1 "	<u> </u>	Not Applicable
Suite, Apt. i	#. etc.	Suite. Apt. #, etc			59-3141536	- ¢8 7	5 Additional
22	-	27	•		5. Certificate of Status Desired		Required
City & State	!	City & State			Election Campaign Financing	\$5.	00 May Be
3		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid th	ne current year	r Intangible
4	25	29	30		Personal Property Tax due June 30.	Yes Yes	□ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regist	ered Agent	
	roqle, Malcolm		8	If Name			
	LACKSON COURT		8	2 Street	Address (P.O. Box Number is Not Acceptable)		
SA'	TELLITE BEACH FL 32937			1			
			8	3			
			Ā	I4 City		—. 85 2	Zip Code
	_			1	d corporation submits this statement for the purpoperation's board of directors. I hereby accept the	FL	•
12.	Sign ature, ty pied or printed name of registered age OFT (CERS AN	D DIRLCTORS	13.		e required when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATE. S AND DIRECT	TORS IN 12
TITLE	D	DELET			P/S/P	Chan	
NAME	O'TOOLE, MALCOLM	- -	12 NAM		· · · · · · · · · · · · · · · · · · ·		• ·····
STREET ADDRESS	692 JACKSON COURT		4	ET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH FL		1	- ST- ZIP			
TITLE	D	⋈ DLLETI				Chan	ge 🔲 Additio
NAME	MCALPIN, MICHEAL		2.2 NAM	E	ļ		
STREET ADDRESS	2455 HUNTERFIELD RD.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MAITLAND FL		2. 4 City	- ST- ZIP			
TITLE		DELETO	E 3.1 TITLE			Chan	ge 🔲 Additio
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	et address			
CITY-ST-ZIP				-ST-ZiP			
TITLE		☐ DELETI	E 4.1 TITLE			☐ Chan	ge 🔲 Additio
NAME			4. 2 NAN	IF			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DEFEA				Chan	ge 🔲 Addilio
NAME			5.2 NAM				1
STREET ADDRESS			5.3 STRE	et address			121
CITY-ST-ZIP			54 CITY			<u> </u>	١٠٠١
TITLE		☐ DELETE				Chan	ge 🔲 Addition
NAME			6.2 NAM	E	200002512 -05/06/9801023-	され る。	
STREET ADDRESS			6.3 STRE	ET ADDRESS	***150.00	030	
CITY-ST-ZIP	•		6.4 CHY	- ST - 7IP	**************************************		

14. Thereby 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 recover or trusted 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 address.