FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73241 (4)

1. Corporation Name
REEF RESORT, INC.

Principal Place of Business	Mailing Address
2111 S. RIDGEWOOD AVE. S. DAYTONA FL 32121	2111 S. RIDGEWOOD AVE. S. DAYTONA FL 32121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1992
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3148176 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HODAS, JOHN H.
2111 S. RIDGEWOOD AVE.
S. DAYTONA FL 32121

10. Name and Address of New Registered Agent

81 Name: Michael Opalewski
82 Street Address (P.O. Box Number is Not Acceptable): 2111 S. Ridgewood Ave.
83: South Daytona, Fl 32121
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: Michael Opalewski
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FORD, JAMES H.	12 NAME	
STREET ADDRESS	100 E. NEW YORK AVE.	13 STREET ADDRESS	
CITY ST ZIP	DELAND FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PHINNEY, EUGENE	22 NAME	
STREET ADDRESS	108 N. MAGNOLIA AVE.	23 STREET ADDRESS	
CITY ST ZIP	OCALA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FALIERO, KENNETH F.	32 NAME	
STREET ADDRESS	4350 W. CYPRESS ST.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	OPALEWSKI, MICHAEL	42 NAME	
STREET ADDRESS	19 SYCAMORE CIR	43 STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH FL 32174	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	COLLINS, JAMES M	52 NAME	
STREET ADDRESS	135 WESTWOOD DR	53 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	54 CITY ST ZIP	
TITLE	T	61 TITLE	☒ Change ☐ Addition
NAME	HODAS, JOHN H	62 NAME	DELETE- John H. Hodas
STREET ADDRESS	5628 TOURO DR	63 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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.

SIGNATURE: Michael Opalewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009360 CP