

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

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V73241** (4)

1. Corporation Name
REEF RESORT, INC.

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

Mailing Address
**100 E NEW YORK AVE
SUITE 203
DELAND FL 32724-5505
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/22/1992

3a. Date of Last Report

06/12/1996

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

**OPALEWSKI, MICHAEL
2111 S. RIDGEWOOD AVE.
S. DAYTONA FL 32121**

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 ☐ DELETE

NAME **D**
FORD, JAMES H.
STREET ADDRESS **100 E. NEW YORK AVE.**
CITY-ST-ZIP **DELAND FL**

TITLE ☒ DELETE

NAME **D**
FALIERO, KENNETH F.
STREET ADDRESS **4350 W. CYPRESS ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE

NAME **P**
OPALEWSKI, MICHAEL
STREET ADDRESS **19 SYCAMORE CIR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE

NAME **S**
COLLINS, JAMES M
STREET ADDRESS **135 WESTWOOD DR**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Director**
Wilma E. Martin
1.3 STREET ADDRESS **100 E. New York Ave**
1.4 CITY-ST-ZIP **DeLand, FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Director**
Stephane J. Kashirol
2.3 STREET ADDRESS **100 E. New York Ave**
2.4 CITY-ST-ZIP **DeLand, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)