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95 APR 18 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Suzanne B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K17225 (9)

1. Corporation Name
SEABREEZE RENTALS, INC.

Principal Place of Business 3694 ISABELLA BLVD. JACKSONVILLE BEACH FL 32250	Mailing Address 3694 ISABELLA BLVD. JACKSONVILLE BEACH FL 32250
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 39 JEFFERSON AVE	2a. Mailing Address 26 39 JEFFERSON AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State PONTE VEDRA BCH, FL	28 City & State PONTE VEDRA BCH, FL
24 Zip 32084	25 Country USA
29 Zip 32084	30 Country USA

3. Date Incorporated or Qualified 03/01/1988	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2872699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This Corporation has liability for intangible tax under S. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAGLER, KENNETH D., ESQ.
THREE PALM ROW
ST AUGUSTINE BEACH FL 32085-4365**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	QUICK, CHARLIE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3694 ISABELLA BLVD.	1.2 NAME	
STREET ADDRESS	JACKSONVILLE BCH FL	1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE VP	QUICK, KRISTI M	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3694 ISABELLA BLVD	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I 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)(b), 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 of this document or on an attachment with an address.

SIGNATURE: *Kristi M. Quick* KRISTI M. QUICK 4/11/95 904-273-8461

DATE: _____