


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR 21 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 233879 (6)
1. Corporation Name
BRINY BREEZES INC

Principal Place of Business: 5000 N OCEAN BLVD BOYNTON BEACH FL 33435
Mailing Address: 5000 N OCEAN BLVD BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1960
3a. Date of Last Report: 03/10/1994

4. FEI Number: 59-0839659
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

24. Zip Country
25. Zip Country

9. Name and Address of Current Registered Agent
**CONKEY, ROBERT W
H-205 PALM DR
BRINY BREEZES FL 33435**

10. Name and Address of New Registered Agent

81 Name: **Gordon B. Dow**
82 Street Address (P.O. Box Number is Not Acceptable): **M-292 Lark Dr**
83
84 City: **Briny Breezes FL** 85 Zip Code: **33435**

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: Gordon B. Dow PRESIDENT DATE: 2/28/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONKEY, ROBERT W
STREET ADDRESS	H-205 PALM DR
CITY-ST-ZIP	BRINY BREEZES FL
TITLE	VD
NAME	DOYLE, KENNETH J
STREET ADDRESS	K-31 JUNIPER DR
CITY-ST-ZIP	BRINY BREEZES FL
TITLE	SD
NAME	LEWIS, DONALD
STREET ADDRESS	L-16 CORDOVA AVE
CITY-ST-ZIP	BRINY BREEZES FL
TITLE	TD
NAME	DOW, GORDON B
STREET ADDRESS	M-202 LARK DR
CITY-ST-ZIP	BRINY BREEZES FL
TITLE	D
NAME	WEBER, GERARD
STREET ADDRESS	F-7 RUTHMARY AVE
CITY-ST-ZIP	BRINY BREEZES FL
TITLE	D
NAME	BAAS, LOUIS
STREET ADDRESS	P-204 N HERON DR
CITY-ST-ZIP	BRINY BREEZES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

additional officers attached

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Gordon B. Dow President DATE: 2/28/95 (407) 278-8263