

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 26 1997 8:00 am
Secretary of State

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. 33435-7341**

3. Date Incorporated or Qualified: **03/01/1960** 3a. Date of Last Report: **03/22/1996**
4. FEI Number: **59-0839659** 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

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

9. Name and Address of Current Registered Agent
DOYLE, KENNETH J
5000 N OCEAN BLVD K-31
BRINY BREEZES FL 33435

10. Name and Address of New Registered Agent
81 Name Charles E. Foland
82 Street Address (P.O. Box Number is Not Acceptable) 5000 N. Ocean Blvd. #R-202
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: *Charles E. Foland* **Charles E. Foland, President** **3/12/97**
Signature, typed or printed name of registered agent and fee if applicable. **86** Registered Agent signature required when reinstating. **DATE**

12. OFFICERS AND DIRECTORS

TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: CONKEY, ROBERT W
STREET ADDRESS: H-205 PALM DR	CITY, ST, ZIP: BRINY BREEZES FL
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: DOYLE, KENNETH J
STREET ADDRESS: K-31 JUNIPER DR	CITY, ST, ZIP: BRINY BREEZES FL
TITLE: SD <input type="checkbox"/> DELETE	NAME: LEWIS, DONALD
STREET ADDRESS: L-16 CORDOVA AVE	CITY, ST, ZIP: BRINY BREEZES FL
TITLE: D <input type="checkbox"/> DELETE	NAME: LE BLANC, ARTHUR
STREET ADDRESS: 5000 N OCEAN BLVD L-210	CITY, ST, ZIP: BRINY BREEZES FL
TITLE: D <input type="checkbox"/> DELETE	NAME: ZERULL, JANET
STREET ADDRESS: 5000 N OCEAN BLVD CD-4	CITY, ST, ZIP: BRINY BREEZES FL
TITLE: TD <input type="checkbox"/> DELETE	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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Teusink, Arlene
1.2 STREET ADDRESS: 5000 N. Ocean Blvd. #K-211	1.3 CITY - ST - ZIP: Briny Breezes, FL 33435
2.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Charles E. Foland
2.2 STREET ADDRESS: 5000 N. Ocean Blvd. #R-202	2.3 CITY - ST - ZIP: Briny Breezes, FL 33435
3.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: William Tolford
3.2 STREET ADDRESS: 5000 N. Ocean Blvd. #I-2	3.3 CITY - ST - ZIP: Briny Breezes, FL 33435
4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Robert McInnes
4.2 STREET ADDRESS: 5000 N. Ocean Blvd. #B-17	4.3 CITY - ST - ZIP: Briny Breezes, FL 33435
5.1 TITLE: VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
5.2 STREET ADDRESS:	5.3 CITY - ST - ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
6.2 STREET ADDRESS:	6.3 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: *Charles E. Foland* **Charles E. Foland** **3/12/97** 561/276-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/96)