

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0839659	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOLAND, CHARLES E 5000 NO OCEAN BLVD. STE F-202 BRINY BREEZES FL 33435				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 aware with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Charles E. Foland* DATE: **3/16/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEUSINK, ARLENE			1.2 NAME			
STREET ADDRESS	5000 NO OCEAN BLVD. STE K-211			1.3 STREET ADDRESS			
CITY-ST-ZIP	BRINY BREEZES FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLAND, CHARLES E			2.2 NAME			
STREET ADDRESS	5000 NO OCEAN BLVD. STE R-202			2.3 STREET ADDRESS			
CITY-ST-ZIP	BRINY BREEZES FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, DONALD			3.2 NAME			
STREET ADDRESS	L-16 CORDOVA AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRINY BREEZES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCINNES, ROBERT			4.2 NAME	Bennet, Roger		
STREET ADDRESS	5000 NO OCEAN BLVD. STE B-17			4.3 STREET ADDRESS	5000 N. Ocean Blvd. #B-21		
CITY-ST-ZIP	BRINY BREEZES FL			4.4 CITY-ST-ZIP	Briny Breezes, FL 33435		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	FVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZERULL, JANET			5.2 NAME			
STREET ADDRESS	5000 N OCEAN BLVD CD-4			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRINY BREEZES FL			5.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAAS, LOUIS			6.2 NAME	Peter Fingerhut		
STREET ADDRESS	P-204 N HERON DR			6.3 STREET ADDRESS	5000 N. Ocean Blvd. #R-208		
CITY-ST-ZIP	BRINY BREEZES FL			6.4 CITY-ST-ZIP	Briny Breezes, FL 33435		

14. I 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, President 3/16/98 276-7405 561

CR2E034 (10/97)