


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

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90091 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 233879**  
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/01/1960	
4. FEI Number 59-0839659	Applied For 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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FOLAND, CHARLES E**  
 5000 NO OCEAN BLVD. STE F-202  
 BRINY BREEZES FL 33435

10. Name and Address of New Registered Agent  
 81 Name **ARTHUR N. LEBLANC**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5000 N. OCEAN BLVD # L-210**  
 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 *Arthur N. LeBlanc* DATE **3-10-99**

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	TEUSINK, ARLENE	
STREET ADDRESS	5000 NO OCEAN BLVD. STE K-211	
CITY-ST-ZIP	BRINY BREEZES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOLAND, CHARLES E	
STREET ADDRESS	5000 NO OCEAN BLVD. STE R-202	
CITY-ST-ZIP	BRINY BREEZES FL	
TITLE	SD	<input checked="" 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	BENNET, ROGER	
STREET ADDRESS	5000 N OCEAN BLVD #B-21	
CITY-ST-ZIP	BRINY BREEZES FL 33435	
TITLE	DFVP	<input type="checkbox"/> DELETE
NAME	ZERULL, JANET	
STREET ADDRESS	5000 N OCEAN BLVD CD-4	
CITY-ST-ZIP	BRINY BREEZES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINGERHUT, PETER	
STREET ADDRESS	5000 N OCEAN BLVD #R-208	
CITY-ST-ZIP	BRINY BREEZES FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D and VP</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DS</b>
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	

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, with all other like empowered.

SIGNATURE: *Arlene J. Teusink* DATE: **3-10-99** 561-276-7405

0344414

CR2E034 (1/98)

22/8/88

# Briny Breezes, Inc.



TELEPHONE (561) 276-7405

FAX (561) 274-2270

5000 NORTH OCEAN BLVD.

BRINY BREEZES, FLORIDA 33435

Additional Directors and Officers:

500-233879  
271380-90091-13

DIVP

William R. Tolford  
5000 N. Ocean Blvd. #I-2  
Briny Breezes, FL 33435

DP

Arthur N. LeBlanc  
5000 N. Ocean Blvd. #L-210  
Briny Breezes, FL 33435

D

William Deluhery  
5000 N. Ocean Blvd. #J-24  
Briny Breezes, FL 33435