

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 649824 (0)

1. Corporation Name

SEABREEZE TRAVEL OF FORT LAUDERDALE, INC.

Principal Place of Business

2200 ELLER DRIVE  
P. O. BOX 13038  
FORT LAUDERDALE FL 33316

Mailing Address

2200 ELLER DRIVE  
P. O. BOX 13038  
FORT LAUDERDALE FL 33316



3. Date Incorporated or Qualified

12/11/1979

3a. Date of Last Report

02/27/1995

4. FEI Number

59-1964737

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGLAS, GENE  
2200 ELLER DRIVE  
FT. LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent or director, as applicable

(If Not Registered Agent Signature Required when Restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STANNARD, DAVID  
STREET ADDRESS 1402 S.E. 17TH STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ DELETE

TITLE DC  
NAME HVIDE, HANS J.  
STREET ADDRESS 2200 ELLER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VTD  
NAME FARMER, GERALD  
STREET ADDRESS 2200 ELLER DRIVE  
CITY-ST-ZIP FT LAUDERDALE FL ☐ DELETE

TITLE VS  
NAME DOUGLAS, GENE  
STREET ADDRESS 2200 ELLER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE PD  
NAME BENEDICT, CAROL L.  
STREET ADDRESS 1402 SE 17TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VPD  
NAME HVIDE, J. E  
STREET ADDRESS 2200 ELLER DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

*Gene Douglas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

(954) 627-6367

Daytime Phone #

Daytime Phone #

CR2E034 (12/95)