

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 649824

1. Corporation Name

SEABREEZE TRAVEL OF FORT LAUDERDALE, INC.

Principal Place of Business

1402 S.E. 17TH ST.
FORT LAUDERDALE FL 33316
US

Mailing Address

GENE DOUGLAS SEABREEZE TRAVEL
1402 SE 17TH STREET
FORT LAUDERDALE FL 33316
US

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90132 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1979

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

DOUGLAS, GENE
SEABREEZE TRAVEL
1402 SE 17TH STREET
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

CAROL L BENEDICT

82 Street Address (P.O. Box Number is Not Acceptable)

1402 S.E. 17TH ST

83

SEABREEZE TRAVEL

84 City

FT. LAUDERDALE FL

85 Zip Code

33316

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

CAROL L. BENEDICT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Carol L. Benedict Apr. 26 '99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
HVIDE, HANS J.
STREET ADDRESS
1402 SE 17TH STREET
CITY-ST-ZIP
FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

NAME
FARMER, GERALD
STREET ADDRESS
1402 SE 17TH STREET
CITY-ST-ZIP
FT LAUDERDALE FL 33316

TITLE ☒ DELETE

NAME
DOUGLAS, GENE
STREET ADDRESS
1402 SE 17TH STREET
CITY-ST-ZIP
FT. LAUDERDALE FL 33316

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
HVIDE, J. E
STREET ADDRESS
1402 SE 17TH STREET
CITY-ST-ZIP
FT. LAUDERDALE FL 33316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CAROL L. BENEDICT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 26 '99 854-462-0541

Date

Daytime Phone #

CR2E034 (11/98)