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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H1846

(2)

FILED
Jan 23 1998 8:00am
Secretary of State

1. Corporation Name 1110402 (2)					
BREEZ	emaker fan Company, II	NC.		1	
				100/81/ 0/0/ 1/06/ 10/1/ 8/0/0 0//10 1//10 8/8// 0	
Principal Place of Business Mailing Address					smet memes millet mifig dellet imme
% JOHN S. MORELL % JOHN S. MORELL					
1608 NORTH 24TH STREET 1608 NORTH 24TH STREET			ī	DO NOT WRITE IN THIS SPACE	
TAMPA FL 33605 TAMPA FL 33605				3. Date Incorporated or Qualified	
]				08/28/1984 =	
2. Principal P	face of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-2451741	Not Applicable
Suite. Apt. #, etc Suite, /		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	∐ Yes ☐ No
	g. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent
MURELL, JUHN 5.			81 Name		
1608 NORTH 24TH STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TAMPA FL 33605			20		
			83		Ì
			84 City		. 85 Zip Code
				F	
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, to 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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					<u> </u>
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CD	DELETE	1,1 TITLE	ABBITIONS/CITAINGES TO GIFTICERS A	Change Addition
NAME	MORELL, ROGER W.	_	1,2 NAME		
STREET ADDRESS	4516 PINE HOLLOW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	MORELL, JOHN S.		2.2 NAME	:	
STREET ADDRESS	13504 LAKE MAGDELENE DR	,	2.3 STREET ADDRESS		
CITY-ST-ZIP	Tampa Fl		2. 4 CITY-ST-ZIP		
TITLE	AVI AVI AVI	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		■ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP	**************************************		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET AODRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP	2000	
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify for	r the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

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:

Let & March DiREC

(1/12/98 (813) 248-555