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

FILED Apr 02 1998 8:00am Secretary of State

	MENT # J00491 ONA SEABREEZE, INC.	(7)				[[]					
Principal Plac	e of Business	Mailing Address				1 (40)	IND BLU BRUL BRUL BURS T	LINI ILDI OLDU GIR	il Bibit Atbit Bib	H 040H 1001	
4851 KELLER	RD		ĺ								
222 DALLAC TV 1	35340 E000					DO NOT W	VRITE IN THIS	י טייי			
DALLAS TX 75248-5928 DALLAS TX 75248-5928 US US							ncorporated or Quali		SOPACE		٦
		•••			"		1/1986	nico			
2. Principal F	Place of Business	2a. Mailing Address	a. Mailing Address			. FEI Nu			TIA	oplied For	1
21		26				75-	2092401		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	. Certific	ate of Status Desire	a X	–	Additional	
22		27								equired	_[
City & Stat	le	City & State			6		n Campaign Financi	~		May Be	1
Zip	Country	Zip Country					und Contribution	<u> </u>		to Fees	4
24	25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
<u></u>	9. Name and Address of Current		1001		10		and Address of Ne				1
OR	FINGER, MICHAEL S		70	Name							1
MONACO SMITH HOOD PERKINS LOUCKS & STOUT				12 Street	Address /	PO Box	Number is Not Acce	entable)			┨
	4 SEABREEZE BLVD., SUITE 900			0	71001000 (
DA	YTONA BEACH FL 32118		[6	33							1
			1	34 City			···		85 Zip	Code	-
				1			· -	FL	_		
11. Pursuant office or a agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State committee with, and accept the obligat	and 607.1508, Florida Statu f Florida. Such change was ions of, Section 607.0505, Fl	les, the abo authorized orida Statu	ove-named by the corp les.	l corporati poration's	on submi board of	its this statement for directors. I hereby a	the purpose of accept the ap	of changing it pointment as	ts registered registered	
SIGNATURE						 -	· · · · · · · · · · · · · · · · · · ·				1
12.	Signature, typed or printed name of registered agent and title it applicable. (NOTE OFFICERS AND DIRECTORS			:: Registered Agent signature require			DNS/CHANGES TO (DATE DEFICERS AN	ID DIBECTOR	RS IN 12	16
TITLE	PO	DELETE 111		E	T	,,,			Change	Addition	Ş
NAME	LITOFF, ELIOT			18	ļ						1
STREET ADDRESS	4851 KELLER SPRINGS RD 222		1.3 STREET ADDRESS								8
CITY-ST-ZIP	DALLAS TX		1.4 CITY-ST-ZIP		Dal1	las,	TX 75248-59	28			្តិ
TITLE	AS	DELETE	2.1 T/TL						X Change	Addition	٦٢
NAME	LITOFF, CAROL		2.2 NAM	E	ŀ						İ
STREET ADDRESS	4851 KELLER SPRINGS RD 22	?	2.3 STR	ET ADDRESS		1	ny 75940 50	128			
CITY-ST-ZIP	DALLAS TX VSD	T prists	_	r-St-ZIP	Dar.	Las,	rx 75248-59		T-2 0.		1
TALE	LITOFF, HAROLD	DELETE	3.1 TITL						L X Change	Addition	
NAME DYDGCT ADDROGGO	84 SHIP STREET, UNIT F-1 EA	ST.	3.2 NAM		J						
STREET ADDRESS	PROVIDENCE RI	91	1	ET ADDRESS	Dwar	d.d.o.n	ce, RI 0290	าว			
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NAME	1		4. 2 NAM								l
STREET ADDRESS				et address	ľ						
CITY-ST-ZIP				-ST-ZIP							}
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NAME			5.2 NAM	E	1						
STREET ADDRESS			5.3 S1RE	ET ADDRESS							1
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	L]
TITLE	-	DELETE	61 TITLI						Change	Addition	
NAME			6.2 NAM		,						
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify f	6.4 CITY		ed in Secti	on 110 0	7/3Vi) Florida Statut	oe I further e	ortify that the	information	-

Indicated on this annual report or supplies with this filing does not qualify for the exemploin stated in Section 119.07(3)(i), Horida statutes. Hother certify that the momant indicated on this annual report or suppliemental 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.

(972) 380-8933