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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J00491



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90150 011 ***158.75

 Corporation 	n Name										
DAY-TON	na seabreeze, inc.										
Principal Place	e'of Business	Ma	ailing Address								
4851 KELLER SPRINGS RD 4851 KELLER SPRINGS RD											
222								DO NOT WRITE IN THIS SPACE			
US US								3. Date Incorporated or Qualifed			
								02/21/1986			
Principal Place of Business Za. Mailing Address								4. FEI Number Applied Fo			olied For
21		26						75-2092401			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	120	\$8.75 A	I
22		27								Fee Re	
City & State			City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	28	 Zip	Cou	ntry			8. This corporation owes the cur	ront woor		31003
	25	29	Σiρ	30	,			Personal Property Tax.	ieni year		□No
24	9. Name and Address of Curre		tered Agent	30]	Ι			10. Name and Address of New	Register	ed Agent	
					81	Name		· · · · · · · · · · · · · · · · · · ·			
ORFINGER, MICHAEL S						Ctroot	treet Address (P.O. Box Number is Not Acceptable)				
MONACO SMITH HOOD PERKINS LOUCKS & STOUT					02	B2 Street Add		ss (P.O. Box Number is Not Accept	abiej		
444 SEABREEZE BLVD., SUITE 900					83						
DAYTONA BEACH FL 32118				٠.	84	0.5	1 1 m			85 Zip C	Code *
						City	ء ۽ و جي ن		F		* 2
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 6	07.1508, Florida Statute	es, the a	pove	e-named	corpor	ration submits this statement for the	purpose	of changing its	registered
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	e of Florications of,	ta. Such change was a , Section 607.0505, Flo	utnorized rida Stati	ı oy utes	tne corpo	oration	is board of directors. I hereby acce	рі ше ар	pontinent as reg	Jistereu
SIGNATURE											
SIGNATORE.	Signature, typed or printed name of registered age				Agen	nt signature re	equired v	when reinstating)	DATE		DO 111 40
12.	OFFICERS A	ND DIRE		13.				ADDITIONS/CHANGES TO O	FICERS	K Change	Addition
TITLE	PD		☐ DELETE	1.1 TU						4E) Change	L) radiion
NAME	LITOFF, ELIOT	20		1.2 N/							
STREET ADDRESS	4851 KELLER SPRINGS RD 22	22				TADDRESS	Δ.	ldison, TX 75001-59	28		
CITY-ST-ZIP	DALLAS TX 75248-5928		☐ DELETE	1.4 CF 2.1 TF		1-219	AC	1413011; 12 75001 53		K Change	Addition
TITLE	AS CAPOL			2.2 N							
NAME	LITOFF, CAROL 4851 Keller Springs RD 22	22				T ADDRESS					
STREET ADDRESS	DALLAS TX 75248-5928	22				ST-ZIP	Αċ	ldison, TX 75001-59	28.		
CITY-ST-ZIP TITLE	VSD		☐ DELETE	3.1 TI		31-211				☐ Change	Addition
NAME	LITOFF, HAROLD			3.2 N/							
STREET ADDRESS		AST				T ADDRESS					
CITY-ST-ZIP	PROVIDENCE RI 02903					ST-ZIP					
TITLE			☐ DELETE	4.1 Tr						Change	Addition
NAME				4. 2 N	AME						ļ
STREET ADDRESS				4 3 ST	REET	T ADDRESS					Ì
CITY-ST-ZIP				4.4 CI	TY-S	T-ZIP					
TITLE			☐ OELETE	5.1 TF				-		Change	☐ Addition
NAME				5.2 NA				•			1
STREET ADDRESS				1		TADDRESS					
CITY-ST-ZIP				5.4 CI		T-ZIP	ļ				
TITLE			☐ DELETE	6.1 TT						Change	Addition
NAME				6.2 N							
STREET ADDRESS						T ADDRES\$					
CITY-ST-ZIP				6.4 CI	TY-S	T-ZIP	L				

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:

LAST TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eliot Litoff

(972)380-8933

Daytime Phone #