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**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90170 010 ***150.00

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DOCUMENT # K08011

1. Corporation Name

SEABREEZE ENGINEERING ASSOCIATES, INC.

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Principal Place	e of Business	M	ailing Address							
52 SAXON BL	VD		SAXON BLVD							
SUITE 29-204	El 22774		SUITE 29-204				DO NOT WRITE IN THIS SPACE			
DRANGE CITY FL 32771 JS			ORANGE CITY FL 32763 US				3. Date Incorporated or Qualifed 12/21/1987			
2 Principal Pi	face of Business	2a.	Mailing Address				4. FEI Number		$\neg \tau \tau$	Applied For
.! .!	idos er Busiliese	26	J				59-2944274		<u> </u>	Not Applicable
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.	_		<u>-</u>			\$8.7	5 Additional
2	,	27	. ,				5. Certifcate of Status Desired		Fee	Required
City & Stat	ie		City & State			شد	6. Election Campaign Financing	ń	\$5.0	May Be
3		28					Trust Fund Contribution			ed to Fees
Zip 4 3Z 7	Country		Zip	Cou	ntry		8. This corporation owes the curre	ent year Inta	angible	
327	763 ₂₅	29	[3	10			Personal Property Tax.		☐ Yes	AINO
	9. Name and Address of Curren	t Regis	stered Agent				10. Name and Address of New R	egistered a	Agent	
	mor auroni				81	Name				
MONROE, SHERRILL					82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	SAXON BLVD							<u>, </u>		
SUITE 29-204					83					
ORA	NGE CITY FL 32763				24	City			85 Z	ip Code
					84	City		FL	65 4	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statutes	s, the a	bove	-named corpo	ration submits this statement for the	purpose of	changing	its registered
office or n agent. I a	registered agent, or both, in the State, in familiar with, and accept the obliga	of Hone	da.;Such;change.was;aut , Section 607.0505, Florid	nonzeo da Stati	i by t utes.	ne:corporation	is sociate of directors americally accep	т инв.арроп	milet H- da	rogistered ====
SIGNATURE	Signature, typed or printed name of registered ager	it and title	if applicable. (NOTE: F	Registered	Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AN			13.	<u> </u>		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIREC	TORS IN 12
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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 informati 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 an an altachment with an address, with all other like empowered.

SIGNATURE:

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