

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46546** (3)
1. Corporation Name
THE CAYO HUESO BREEZE, INC.



Principal Place of Business 1010 KENNEDY DR THIRD FLOOR KEY WEST FL 33040 US	Mailing Address P.O. BOX 963 KEY WEST FL 33041 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/21/1988	4. FEI Number 65-0102017 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HALPERN, MICHAEL 209 DUVAL STREET KEY WEST FL 33040		10. Name and Address of New Registered Agent 81 Name LINDA O'BRIEN 82 Street Address (P.O. Box Number is Not Acceptable) 1010 KENNEDY DRIVE 3RD FLOOR 83 City KEY WEST FL 85 Zip Code 33040	
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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 *Linda O'Brien* **LINDA O'BRIEN** **2/16/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, ANN	1.2 NAME	LINDA O'BRIEN
STREET ADDRESS	209 DUVAL ST.	1.3 STREET ADDRESS	1010 KENNEDY DRIVE, 3RD FLOOR
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, LINDA	2.2 NAME	VANESSA WRIGHT
STREET ADDRESS	209 DUVAL ST.	2.3 STREET ADDRESS	1010 KENNEDY DRIVE, 3RD FLOOR
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TRACYLEE PIERCE
STREET ADDRESS		3.3 STREET ADDRESS	1010 KENNEDY DRIVE, 3RD FLOOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE *Linda O'Brien* **LINDA O'BRIEN** **2/16/98** **305-2965596**

CR2E034 (10/97)