


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

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K58812** (4)

1. Corporation Name  
**BREEZY PROPERTIES, INC.**



Principal Place of Business <b>9305 40TH WAY N #6 PINELLAS PARK FL 34666 US</b>	Mailing Address <b>9305 40TH WAY N #6 PINELLA PARK FL 33782-5652 US</b>
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3. Date Incorporated or Qualified <b>01/17/1989</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-2928352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>40 77 AVE</b> Suite, Apt. #, etc. 22 <b>APT A</b> City & State 23 <b>TREASURE ISLAND FL</b> Zip 24 <b>33706</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>40 77 AVE</b> Suite, Apt. #, etc. 27 <b>APT A</b> City & State 28 <b>TREASURE ISLAND FL</b> Zip 29 <b>33706</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**CASHMAN, GAIL I.  
9305 40TH WAY N.  
PINELLAS PARK FL**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <b>40 77 AVE</b>	
83 <b>APT A</b>	
84 City <b>TREASURE ISLAND FL</b>	85 Zip Code <b>33706</b>

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

Signatures: 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	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASHMAN, GAIL I.	1.2 NAME	
STREET ADDRESS	9305 - 40 WAY NORTH	1.3 STREET ADDRESS	<b>40 77 AVE APT A</b>
CITY - ST - ZIP	PINEALLAS PARK FL	1.4 CITY - ST - ZIP	<b>TREASURE ISLAND FL 33706</b>
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDOS, ROBIN JILL	2.2 NAME	
STREET ADDRESS	10314 86TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARDOS, MITCHEL	3.2 NAME	
STREET ADDRESS	10314 86TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 do 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:

 **GAIL I. CASHMAN Pres** 4/1/97 813-360-7836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)