FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95606 (5)

1. Corporate Name

OCEANBREEZE PROPERTIES OF NEW SMYRNA BEACH, INC.

Principal Place of Business	Mailing Address
% DOMINICK CAPUTO 206 FLAGLER AVE. NEW SMYRNA BEACH FL 32169 US	C/O DOMINICK CAPUTO 206 FLAGLER AVE. NEW SMYRNA BEACH FL 32169 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2955205 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CAPUTO, DOMINICK
818 20TH AVENUE
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name: Caputo, Dominick
82 Street Address (P.O. Box Number is Not Acceptable): 8B 7th Ave.
83 New Smyrna Bch Fl. 32169
84 City: New Smyrna Bch. FL 85 Zip Code: 32169

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CAPUTO, DOMINICK
STREET ADDRESS	206 FLAGLER AVE.
CITY-ST-ZIP	NEW SMYRNA BCH FL
TITLE	VSD
NAME	CAPUTO, CINDY, S
STREET ADDRESS	206 FLAGLER AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blank entries: Title, Name, Street Address, City-St-Zip — [ ] Change [ ] Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95

(904) 428-1302
Daytime Phone #

0012837 CP