**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K95606** **(5)**

1. Corporation Name

**OCEANBREEZE PROPERTIES OF NEW SMYRNA BEACH, INC.**

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

3. Date Incorporated or Qualified: 06/15/1989
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business
21: 817 A1A
22: Suite, Apt. #, etc.
23: City & State: NEW SMYRNA BEACH FL
24: Zip: 32169
25: Country: USA

2a. Mailing Address
26: 817 A1A
27: Suite, Apt. #, etc.
28: City & State: NEW SMYRNA BEACH FL
29: Zip: 32169
30: Country: USA

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

9. Name and Address of Current Registered Agent

**CAPUTO, DOMINICK**
**813 7TH AVE.**
**NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PTD | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | CAPUTO, DOMINICK | | 1.2 NAME | | |
| STREET ADDRESS | 206 FLAGLER AVE. | | 1.3 STREET ADDRESS | 817 A1A | |
| CITY-ST-ZIP | NEW SMYRNA BCH FL | | 1.4 CITY-ST-ZIP | NEW SMYRNA BEACH FLA. | |
| TITLE | VSD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | CAPUTO, CINDY, S | | 2.2 NAME | | |
| STREET ADDRESS | 206 FLAGLER AVE. | | 2.3 STREET ADDRESS | 817 A1A | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | | 2.4 CITY-ST-ZIP | NEW SMYRNA BEACH FLA. | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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(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:** _____ 5/1/96 (904)428-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #