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FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L38214 (7)
1. Corporation Name SEABREEZE ENTERPRISES, INC.



Principal Place of Business
~~1125 SE 32ND ST~~
~~CAPE CORAL FL 33904~~
US

Mailing Address
~~1125 SE 32ND ST~~
~~CAPE CORAL FL 33904~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1989	
21 Suite, Apt. #, etc.	22 City & State	26 187 HASTA CT.	27 Suite, Apt. #, etc.	28 FORT MYERS, FL	29 Zip 33912
23 City & State	24 Zip	25 Country	30 Country	31 Name	32 Street Address (P.O. Box Number is Not Acceptable)
23 City & State	24 Zip	25 Country	30 Country	31 Name	32 Street Address (P.O. Box Number is Not Acceptable)
23 City & State	24 Zip	25 Country	30 Country	31 Name	32 Street Address (P.O. Box Number is Not Acceptable)
23 City & State	24 Zip	25 Country	30 Country	31 Name	32 Street Address (P.O. Box Number is Not Acceptable)

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ERICKSON, JAMES J. 1125 SE 32ND ST. CAPE CORAL FL 33904		187 HASTA CT. FT MYERS, FL 33912	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 *James J. Erickson* DATE 3/24/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BURNS, PARTICK M	1.2 NAME	
STREET ADDRESS	1125 SE 32ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ERICKSON, JAMES J	2.2 NAME	
STREET ADDRESS	1125 SE 32ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *James J. Erickson* DATE 3/24/98 941-910-7108

CR2E034 (10/97)