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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90006 006 ***900.00

DOC	JMENT	# M	19230	۱7
	5141 -14 .	'' IV	13201	"

1. Corporation Name

SEABREEZE DEVELOPMENT, INC.

Principal Place of Business Mailing Address		-				1 (89) (8) (10) (8) (10) (10) (10) (10)	01911 01011 01011	#1#11 B1#11 14B1	
LEO HENRIQUEZ LEO HENRIQUEZ				1					
1401 HWY A1A - STE 203 1401 HWY A1A - STE 203		1			İ	DO NOT WOITE IN THE	0.004.05		
VERO BEACH FL 32963 VERO BEACH FL 32963				DO NOT WRITE IN THIS SPACE					
US		US				3	3. Date Incorporated or Qualifed		
							08/03/1988	— 	- Cod For
<u> </u>	ace of Business	2a. Mailing Address				4	4. FEI Number	<u> </u>	pplied For
21		26					65-0093024		ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	5. Certifcate of Status Desired	* *	equired
22		27				_			
City & State	9	City & State				6	6. Election Campaign Financing	•	May Be to Fees
23		28	0				Trust Fund Contribution		to rees
Zip	Country	Zip	Cou	กบ y		8	8. This corporation owes the current year Ir	ntangible Yes	□No
24	25	29	30				Personal Property Tax. O. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81	Name	10	O. Name and Address of New Registered	Agent	
HAY:	S, RICHARD J.			•	rianic				
	W. COMMERCIAL BLVD.			82	Street Ad	dress ((P.O. Box Number is Not Acceptable)		
ì	E 207			-					
	DERHILL FL 33319			83					
į DAOI	DENNILL PL 33319			84	City			85 Zip	Code
							F	_	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the al	bove I hv t	-named cor he comora	rporation's l	on submits this statement for the purpose oboard of directors. I hereby accept the appo	r changing its sintment as r	s registerea egistered
agent, I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Statu	ites.	001 pora		504.4 6. 46		
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen			Agent	signature requ	ired wher			
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VD	☐ DELETE	1.1 717	RΕ	ł			Change	
NAME	HAYS, RICHARD J.		1.2 NA	ME					
STREET ADDRESS	7100 W. COMMERCIAL BLVD		1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		1.4 CF	TY-ST	-ZIP				
TITLE	PD	☐ DELETE	2.1 TI	ΠE	Ì			Change	Addition
NAME	HENRIQUEZ, LEO		2.2 NA	ME					
STREET ADDRESS	1190 DRIFTWOOD DRIVE		2.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		2.4 C	ITY-SI	T-ZIP				
TITLE		☐ DELETE	3.1 TI	TLE				[] Change	Addition
NAME			3.2 NA	ME	}				
STREET ADDRESS			3.3 S1	REET	ADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S1	r-zip				
TITLE		☐ DELETE	4.1 TI					[] Change	☐ Addition
NAME			4.2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				TY-ST					
TITLE		☐ DELETE	5.1 37		-		·	[] Change	☐ Addition
NAME			5.2 N						
					ADDRESS				
STREET ADDRESS				TY-ST					
CITY-ST-ZIP		☐ DELETE	6.1 TI					[] Change	Addition
TITLE			6.2 N						_
NAME STREET ADDRESS					ADDRESS				
I STOLET YOUDESS!									

CITY-ST-Z/P 14. 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 frue 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 postere 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR