

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
OFFICE OF CORPORATIONS

APPROVED
AND
FILED

25 MAY -1 11 2:09

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017988 (5)**

To: Corporation Name:

PALM BREEZE APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1631 STICKNEY POINT RD SARASOTA FL 34231		C/O JEFFERSON F RIDDELL 3400 S TAMiami TR SARASOTA FL 34239 US	

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FPI Number		3a. Date of Last Report			
21		26		65-0458121		03/31/1994			
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required			
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
24		25		6. This corporation has liability for intangible tax under § 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F
3400 S TAMiami TR
SARASOTA FL 34239**

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 607.0508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICHAEL M	1.2 NAME	
STREET ADDRESS	1631 STICKNEY POINT RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.021(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director for or the proprietor of the corporation 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 of this report as an addition with an address.

SIGNATURE: *Michael M. Smith* MICHAEL M. SMITH 4-26-95 922-8839