


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90012 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
------------------------------------------------------------------	-----------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

**DOCUMENT # P94000018529**

1. Corporation Name  
**SEABREEZE WHOLESALE COMPANY, INC.**

Principal Place of Business  
**1975 MACGREGOR ROAD**  
**TARPON SPRINGS FL 34689**

Mailing Address  
**1975 MACGREGOR ROAD**  
**TARPON SPRINGS FL 34689**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 1621 Gulf Blvd.</b> Suite, Apt. #, etc. <b>22 Unit #1106.</b> City & State <b>23 Clearwater, FL</b> Zip Country <b>24 33767</b> <b>25</b>		<b>2a. Mailing Address</b> <b>26 P.O. Box 3806</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Clearwater Beach, FL</b> Zip Country <b>29 33767-8806</b> <b>30</b>		<b>3. Date Incorporated or Qualified</b> <b>03/04/1994</b>	
<b>4. FEI Number</b> <b>59-3229247</b>		<b>Applied For</b> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>DRIS, MICHAEL E. E</b> <b>114 S PINELLAS AVE</b> <b>TARPON SPRINGS FL 34689</b>			<b>10. Name and Address of New Registered Agent</b> <b>81 Name Leslie R. Lipsey</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>1754 Stable Trail</b> <b>83</b> <b>84 City Palm Harbor, FL</b> <b>85 Zip Code 34685</b>		

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 *Leslie R. Lipsey* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PVPS</b> <b>LIPSEY, LESLIE</b> <b>1975 MACGREGOR ROAD</b> <b>TARPON SPRINGS FL 34689</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>President</b> <b>Leslie R. Lipsey</b> <b>1754 Stable Trail</b> <b>Palm Harbor, FL 34685</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<b>Vice President</b> <b>Gregory L. Shattuck</b> <b>1621 Gulf Blvd. Unit #1106</b> <b>Clearwater, FL 33767</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<b>Secretary-Treasurer</b> <b>Lauren Wanzie</b> <b>10241 Indian Mound Drive</b> <b>New Port Richey, FL 34654</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<b>Director</b> <b>Leslie L. Lipsey</b> <b>1127 Royal Troon Court</b> <b>Tarpon Springs, FL 34689</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Leslie R. Lipsey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Leslie R. Lipsey**

4/29/99

727-593-7925

CR2E034 (1/98)