

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P94000049087 (7)

1. Corporation Name

BREEZE INSURANCE SPECIALISTS, INC.

Principal Place of Business

Mailing Address

**4723 W. ATLANTIC AVE., SUITE 12
DELRAY BEACH FL 33445**

**4723 W. ATLANTIC AVE., SUITE 12
DELRAY BEACH FL 33445-3865**



2. Principal Place of Business

2a. Mailing Address

21 4217 Palm Forest Dr. South
Suite, Apt. #, etc.

26 P. O. Box 7287
Suite, Apt. #, etc.

22
City & State

27
City & State

23 Delray Beach, FL
Zip Country

28 Delray Beach, FL
Zip Country

24 33445 25 Palm Beach

29 33484 30 Palm Beach

9. Name and Address of Current Registered Agent

**MENZ, MARK A
4723 W. ATLANTIC AVE., SUITE 12
DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

05/14/1996

4. FEI Number

65-0503939

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

10. Name and Address of New Registered Agent

81. Name

Mark A. Menz

82. Street Address (P.O. Box Number is Not Acceptable)

4217 Palm Forest Dr. South

83.

84. City

Delray Beach

FL

85. Zip Code

33445

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME MENZ, MARK A
STREET ADDRESS 4217 PALM FOREST DR., SOUTH
CITY-ST-ZIP DELRAY BEACH FL**

TITLE ☐ DELETE

**VSTD
NAME MENZ, JODI L
STREET ADDRESS 4217 PALM FOREST DR., SOUTH
CITY-ST-ZIP DELRAY BEACH FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

[Signature]

Jodi L. Menz

04/25/97 (561)495-0569

CR2E034 (9/96)