

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014625 (4)

1. Corporation Name

SEABREEZE ENERGY CORPORATION, INC.



Principal Place of Business

285 ST JAMES DR
PORT ST LUCIE FL 34953

Mailing Address

285 ST JAMES DR
PORT ST LUCIE FL 34953

2. Principal Place of Business

21 889 SW. NICHOLS TERR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

City & State

City & State

23 PORT ST. LUCIE, FL

28

City & State

Zip

24 34953

Country

25 ST. LUCIE

29

Zip

Country

30

9. Name and Address of Current Registered Agent

FILINGERI, JOHN A
285 ST JAMES DR
PORT ST LUCIE FL 34953

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

4. FEI Number

65-063-4807

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

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 607.0505, 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

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FILINGERI, JOHN A
285 ST JAMES DR
PORT ST LUCIE FL 34953

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

2. 1 NAME ☒ Change ☐ Addition

3. 1 STREET ADDRESS ☒ Change ☐ Addition

4. 1 CITY - ST - ZIP ☒ Change ☐ Addition

2. 1 TITLE ☐ Change ☒ Addition

2. 2 NAME ☐ Change ☒ Addition

2. 3 STREET ADDRESS ☐ Change ☒ Addition

2. 4 CITY - ST - ZIP ☐ Change ☒ Addition

3. 1 TITLE ☐ Change ☐ Addition

3. 2 NAME ☐ Change ☐ Addition

3. 3 STREET ADDRESS ☐ Change ☐ Addition

3. 4 CITY - ST - ZIP ☐ Change ☐ Addition

4. 1 TITLE ☐ Change ☐ Addition

4. 2 NAME ☐ Change ☐ Addition

4. 3 STREET ADDRESS ☐ Change ☐ Addition

4. 4 CITY - ST - ZIP ☐ Change ☐ Addition

5. 1 TITLE ☐ Change ☐ Addition

5. 2 NAME ☐ Change ☐ Addition

5. 3 STREET ADDRESS ☐ Change ☐ Addition

5. 4 CITY - ST - ZIP ☐ Change ☐ Addition

6. 1 TITLE ☐ Change ☐ Addition

6. 2 NAME ☐ Change ☐ Addition

6. 3 STREET ADDRESS ☐ Change ☐ Addition

6. 4 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. FILINGERI

Date

Daytime Phone #

407-878-9551

CR2E034 (12/95)