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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035689 (5)

BREEZEWOOD PROPERTIES, INC.

Apr 23 1997 8:00am
Secretary of State

Principal Place of Business 5650 BRECKENRIDGE PARK DR. SUITE 110 TAMPA FL 33610		Mailing Address PO BOX 310107 SUITE 110 TAMPA FL 33680-0107						
		US			 Date Incorporated or Qua 05/08/1995 		e of Last R 8/1996	eport
	Place of Business	2a. Mailing Address			4 FEI Number	,	1 1	plied For
Suite, Apt	t ote	26 Suite, Apt. #, etc.			APPLIED FOR 5	59-338841	\$8.75 A	t Applicable
2	<i>p</i> , t.c.	27			5. Certificate of Status Desir	red 🔀	Fee Re	
City & Sta	le	City & State			6. Election Campaign Finan		\$5.00	
3 Ζιρ	T Country	28 Z ₁ D	Country		Trust Fund Contribution		Added t	
4]	25	29	30	,	This corporation has liabilities Florida Statutes	iny for intangible t		199.032,
	9. Name and Address of C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10. Name and Address of N	lew Registered A	gent	
	SON, THOMAS L		81	Name				
	BRECKENRIDGE PARK DR	.	82	Street Addr	ress (P.O. Box Number is Not Ac	ceptable)		***************************************
	TE 110		83					
IAM	PA FL 33610				,		· · · · · · · · · · · · · · · · · · ·	
			84	City		FL	85 Zip (Code
office or agent 1 a	registered agent, or both, in the am familiar with land accept the	17.0502 and 607.1508, Florida Statuti State of Florida. Such change was a obligations of, Section 607.0505, Flo	zumorizea b orida Statute	y the corporat s.	tion's board of directors. I hereby	y accept the appo	munom as	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable (NOTI			red when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of register		£ Registered Ag			DATE O OFFICERS AND		S IN 12
SIGNATURE 12. 1111 1111 1AME	Signature, type-1 or printed nature of register OFFICER D GILL, MARVIN	ced agent and tile if applicable (NOTI IS AND DIRECTORS	E Registered Ag 13. 1.1 TETLE 1.2 NAME	ent signature requi	red when reinstating)	DATE O OFFICERS AND	DIRECTOR	S IN 12
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I do needly certify that the information sopplied with this liming does not grown to the exemption indicated in Section 118.07(5)(f), clorida Statutes. I further that 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/17/97 (813)

(813) 621 - **708**0 Daytime Phone I

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