

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90092 049 \*\*\*150.00

DOCUMENT # P96000043168

1. Corporation Name

OCEAN BREEZE HOMES OF BREVARD, INC.

Principal Place of Business  
1221 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

Mailing Address  
PO BOX 813000  
SMYRNA GA

C/O JACK COEN



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1996

4. FEI Number

58-2263301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1101 Hazeltine Lane

22 City & State

27 City & State  
Kennesaw, GA.

23 Zip Country

28 Zip Country  
30152 Cobb

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, CURTIS R  
1221 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901

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

TITLE D ☐ DELETE  
NAME POTTS, R L SR  
STREET ADDRESS 888 CONCORD ROAD  
CITY-ST-ZIP SMYRNA GA 30081

TITLE D ☐ DELETE  
NAME LEE, PAUL E  
STREET ADDRESS 2970 ASK-KAY DRIVE #B  
CITY-ST-ZIP SMYRNA GA 30082

TITLE D ☐ DELETE  
NAME FREEMAN, R L  
STREET ADDRESS 5595 OAKDALE ROAD  
CITY-ST-ZIP SMYRNA GA 30080

TITLE D ☐ DELETE  
NAME CORN, JACK W  
STREET ADDRESS POST OFFICE BOX 3184  
CITY-ST-ZIP MARIETTA GA 30061

TITLE ☐ DELETE  
NAME [Signature]  
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 Potts, R.L. Sr. ☒ Change ☐ Addition  
1.2 NAME of address only  
1.3 STREET ADDRESS 2261 Bullard Rd.  
1.4 CITY-ST-ZIP Powder Springs, GA. 30127

2.1 TITLE Lee, Paul ☒ Change ☐ Addition  
2.2 NAME Address  
2.3 STREET ADDRESS 2907 Ben Daniel Rd.  
2.4 CITY-ST-ZIP Smyrna, GA. 30082

3.1 TITLE Freeman, R.L. ☒ Change ☐ Addition  
3.2 NAME Address  
3.3 STREET ADDRESS 1760 Point Pleasant  
3.4 CITY-ST-ZIP Smyrna, GA. 30080

4.1 TITLE Coen, Jack ☒ Change ☐ Addition  
4.2 NAME Address  
4.3 STREET ADDRESS 1101 Hazeltine Lane  
4.4 CITY-ST-ZIP Kennesaw, GA. 30152

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 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

770-421-0061

Daytime Phone #

CR2E034 (1/98)