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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 26 1998 8:00am Secretary of State

4/31/98 561 337 (1716)

1998

DOCUMENT # NONE - NO FORMS RECEIVED - NEW COMPANY

AMER	ICAN SEA BREEZE	INC.	paga	100	014	97				
Principal Place	of Business	Maiting	Address	<u> </u>		''	1100			
10570 S. FEDE			S. FEDERAL HM							
PORT ST LUCE FL 34952 PORT ST LUCE FL 34952						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified		ACE	<u></u>
							·	1997	,	
2. Principal Pla	ce of Business	—	ng Address				4. FEI Number		A	pplied For
Suite, Apt. #	Ato	26 Suite	SAME Apt. #, etc.				65-0720654			lot Applicable
22 STE		27		^ ^			5. Certificate of Status Desired			Additional lequired
City & State	200		<u>STE 2</u> & State	00			6. Election Campaign Financing			May Be
23 SAME		28	SAME				Trust Fund Contribution			nay se to Fees
Zip	Country	Zip	······································	Cour	ntry		8. This corporation owes or has p	aid the curre		
24 SAME	25	29	SAME	30			Personal Property Tax due Jun	e 30. 🔲	Yes [□ No
FILL	9. Name and Address of Curre	ent Registered	Agent		81 Name		10. Name and Address of New R	egistered Ag	ent	
	OTT, NICHOLAS			ľ	81 Name	•				
1007	$^{\circ}$ S. Federal HWY $^{\circ}$ S $^{\circ}$	E 200			82 Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
. 1011	1 01 1001 11 04002			ŀ	83					
				- 1	B4 City			FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.150	8, Florida Stat	utes, the ab	ove-named	corpor	ation submits this statement for the		nanging i	ts registered
Onice or reg	pistered agent, or both, in the Stat familiar with, and accept the oblig	e or Fiorida, Sur	on change was	s authorized	DV the cor	rporation	allori submits this statement for the t's board of directors. I hereby acce	pt the appoir	itment as	registered
SIGNATURE	·	•	•							
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required to							when reinstating)	DATE		
12.	OFFICERS AF	ND DIRECTORS	DELETE	13.		1	ADDITIONS/CHANGES TO OFFI			
TITLE NAME			- DETELE	1.5 TITL		P	CP.		J Change	Addition
STREET ADDRESS				1.2 NAA						
CITY-ST-ZIP					EET ADDRESS (-ST-ZIP		570 S FEDERAL HW		200	,
TITLE			DELETE	2.1 TITL		154	RT ST LUCIE FL 3		Change	X Addition
NAME				2.2 NAN		1	IUL A. ELLIOT		,	4
STREET ADDRESS				2.3 STR	EET ADDRESS		570 S FEDERAL HW		200	1
CITY-ST-ZIP				2. 4 CIT	Y - ST - ZIP	POI	RT ST LUCIE FL 3	4952	200	,
TITLE			DELETE	3.1 TITL	E				Change	X Addition
NAME				3.2 NAM	IE			-		
STREET ADDRESS				3.3 STRI	EET ADDRESS	10!	570 S FEDERAL HW	Y STE	200)
CITY-ST-ZIP			DELETE		Y-ST-ZIP	POI	RT ST LUCIE FL 3	4952		
			L DECE IE	4.1 TITL		İ		L	Change	Addition
NAME STREET ADDRESS				4. 2 NAM						
CITY-ST-ZIP					ET ADDRESS	1				
TITLE	=		☐ D€LETE	5.1 TITE	-ST-ZIP				Change	Addition
NAME				5.2 NAM					ر المارين المارين	5- 26
STREET ADDRESS					ET ADDRESS				-	, P. 44
CITY-ST-ZIP				5.4 CITY						
TITLE			OELETE.	6.1 TITLE		 			Change	Addition
NAME				6.2 NAM	E		10000253 -05/27/980109	ന്പ് നി ⊏വ	•	
STREET ADDRESS				6.3 STRE	ET ADDRESS		***150.00	JUZI		
CITY-ST-ZIP	,	4		6.4 CITY	- ST - ZIP					
 I hereby cert indicated on 	ity that the information supplied a this annual report or supplement	rith this filing do al annual rabort	es not qualify t is true and ac	for the exem	option state	ed in Sec	ction 119.07(3)(i), Florida Statutes. I thall have the same legal effect as it d by Chapter 607, Florida Statutes;	further certify	that the	information
officer or dire	ctor of the corporation or the rec	eiver fr trustee	empowered to	execute thi	s report as	require	d by Chapter 607, Florida Statutes:	and that my r	name apr	cears in