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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P97000009955 (0) DOCUMENT #
1. Corporation Name

BAY BREEZE ENTERPRISES, INC.

## **FILED** Feb 09 1998 8:00am Secretary of State



| Principal Place of Business ## 60TH \$T SOUTH \$T PETERSBURG F, 33007  2 Principal Place of Business 2 Analysis Address 2 Analysis Address 3 Do Not Writte In This SPACE  2 Principal Place of Business 2 Analysis Address 3 Suite, Apt #, etc. 3 Date incorporated or Qualified 01/28/1987 4 FEI Number 57 3-342 4584   Not Applicable Suite, Apt #, etc. 3 City & State 3 2 2 2 2 2 2 3 2 2 3 2 3 2 3 2 3 3 3 3  |   |                   |                       |                |                       |              |                    |                   |   |  |
|--|---|-------------------|-----------------------|----------------|-----------------------|--------------|--------------------|-------------------|---|--|
| ST PETERSBURG FL 33707   ST PETERSBURG FL 33707   ST PETERSBURG FL 33707   S. Date Incorporated or Chaliffied   O1/28/1997   A. PELI Number   O1/28/1997   A. PELI Number   O1/28/1997   A. PELI Number   S. Certificate of Status Desired   Petersburg Floridate   S. Certificate of Status Desired   S. S. Others the Repair Petersburg Floridate   S. Certificate of Status Desired   S. Certificate of Status   | Principal Place of Business Mailing Address   |                   |                       |                |                       |              |                    |                   | T JOBILDAY 140 IRINI 10014 BOIN BOIN OBNIN OBNIN OBNIN OBNIN BOIND BIAR BIAR (DOI |  |
| 2  | S18 COTH ST SOUTH 518 COTH ST SOUTI   |                   |                       |                |                       | 1707         |                    |                   |   |  |
| Applied For      |   |                   |                       |                |                       |              |                    |                   | ••  |  |
| Sulfe, Apt. #, etc.  | 2. Principal Pl   | ace of Busin      | ess                   | 2a.            | 2a. Mailing Address   |              |                    |                   |   |  |
| Suito, Apt. 4, etc.    Suito, Apt. 4, etc.   |   |                   |                       |                |                       |              |                    |                   | 59 342 45 81   Not Applicable   |  |
| City & State   City & Country   Zip     |   |                   |                       |                | Suite, Apt. #, etc.   |              |                    |                   | 5 Cartificate of Status Decired S8.75 Additional                                  |  |
| Zip   Country   Zip   Country   Zip   Country   8. This corporation was brisk paid the current year inlangible   Personal Property Tax due June 30   Test   Name   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address   10. Name and Addre   | 22  |                   |                       |                | 27                    |              |                    |                   | 5. Certificate of Status Desired Fee Required                                     |  |
| Zip    |   |                   |                       |                | City & State          |              |                    |                   |   |  |
| 28   |   | <del>-</del>      | Ozwala i              | 28             |                       |              |                    |                   |   |  |
| PHILLIPS, ROBERT M 518 607H ST SOUTH ST PETERSBURG FL 33707  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Stetutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Statutes  SIGNATURE  300  | <b>⊢</b> `  | ·                 |                       |                | -, ·                  |              |                    |                   |   |  |
| PHILLIPS, ROBERT M 518 60TH ST SOUTH ST PETERSBURG FL 33707  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL   85 Zip Code  85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the anover-named composition submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the composition's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Determine the provisions of Sections 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  Determine the provisions of Sections 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Determine the provisions of Section 607 0505, Florida Statutes.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Determine the provisions of Section 607 0505, Florida Statutes.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Determine the provisions of Section 607 0505, Florida Statutes.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  Determine the purpose of changing the registered agent on received when  | 24  |                   |                       |                |                       |              |                    |                   |   |  |
| \$2 Stroot Address (P.O. Box Number is Not Acceptable)  \$2 Stroot Address (P.O. Box Number is Not Acceptable)  \$3 \$  \$4 City   | DUI   | <u></u>           |                       |                |                       |              | B1                 | Name              | 10.   |  |
| ST PETERSBURG FL 33707  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 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, 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, or both, in the State of Florida. Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1 TITLE  DELETE  1 TITLE  DELETE  1 TITLE  DIRECTORS IN 12  1.3 STREET ADDRESS  STREET ADDRESS |   |                   |                       |                |                       |              | 92                 | Stroot Add        | dress (P.O. Boy Number is Not Acceptable)   |  |
| 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 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 are flaming with, and accept the obligations of, Section 607.6505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-2P  TITLE  D OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  CITY-ST-2P  TITLE  D OFFICERS AND DIRECTORS IN 12  22. NAME  31. STREET ADDRESS  CITY-ST-2P  14. CITY-ST-2P  15. CITY-ST-2P  16. CITY-ST-2P  17. Change Addition  NAME  STREET ADDRESS  CITY-ST-2P  18. STREET ADDRESS  CITY-ST-2P  19. Change Addition  NAME  19. STREET ADDRESS  CITY-ST-2P  19. Change Addition  NAME  19. STREET ADDRESS  CITY-ST-2P  10. Change Addition  NAME  10. Change Addition   |   |                   |                       |                |                       |              |                    |                   | areas (7.0. box Humber to Hot Macephabity)  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Continue  |   |                   |                       |                |                       |              |                    |                   |   |  |
| office or registered agent, or both, in the Stato of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and faccept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DHILLIPS, ROBERT M STREET ADDRESS  DITY-ST-2P  TITLE  DHILLIPS, REBECCA J STREET ADDRESS  DITY-ST-2P  STREET ADDRESS  DITY-ST-2P  STREET ADDRESS  DITY-ST-2P  STREET ADDRESS  DITY-ST-2P  TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  1.2 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  3.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  5.1 TITLE  DELETE  5 |   |                   |                       |                |                       |              |                    |                   | FL [ ]  |  |
| Signature, hyped or periodic function (represented given and time fargelesisted agent signature recorded when reinstancy)   DATE   | 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 |                   |                       |                |                       |              |                    |                   |   |  |
| 12.  | SIGNATURE .   |                   |                       |                |                       |              |                    |                   |   |  |
| TITLE  |   | Signature, typed  |                       |                |                       |              | Ager               | rit signature req |   |  |
| NAME   PHILLIPS, ROBERT M   12 NAME   1.3 STREET ADDRESS   SOTH ST SOUTH   1.3 STREET ADDRESS   ST PETERSBURG FL 33707   1.4 CITY-ST-ZIP   |   | ħ                 | OFFICERS              | HIVD DINCC     |                       |              | F                  |                   |   |  |
| STREET ADDRESS   ST PETERSBURG FL 33707   1.4 CHY-ST-ZIP   |   | PHILLIPS          | S. ROBERT M           |                |                       |              |                    |                   | <u> </u>  |  |
| ST PETERSBURG FL 33707   |   | 518 60TH ST SOUTH |                       |                | 1.3 S                 |              | 1.3 STREET ADDRESS |                   |   |  |
| TITLE  | CITY-ST-ZIP   |                   |                       |                |                       |              |                    |                   |   |  |
| STREET ADDRESS   STRE   |   |                   | · ·                   |                | DELETE                | 2.1 T(T)     | E                  |                   | ☐ Change ☐ Addition   |  |
| ST PETERSBURG FL 33707   2.4 CITY-ST-ZIP   | NAME  | 518 60TH ST SOUTH |                       |                |                       |              |                    |                   |   |  |
| TITLE  | STREET ADDRESS  |                   |                       |                |                       |              |                    |                   |   |  |
| NAME   |   | ST PETE           | <u>rsburg fl 3370</u> | 7              |                       |              | _                  | IT-ZIP            |   |  |
| STREET ADDRESS   | ļ.  |                   |                       |                | <del>_</del>          |              | 1                  |                   | L Change L Addition   |  |
| STREET ADDRESS   STRE   |   |                   |                       |                |                       |              |                    |                   |   |  |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         53 STREET ADDRESS         CITY-ST-ZIP         CHANGE         Addition           TITLE         DELETE         61 TITLE         Change         Addition  |   | SS                |                       |                |                       |              |                    | 1                 |   |  |
| NAME   | · · · · · · · · · · · · · · · · · · ·   |                   |                       |                |                       |              |                    | I-ZIP             | Change Addition   |  |
| STREET ADDRESS   |   |                   |                       |                |                       |              |                    |                   |   |  |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         S3 STREET ADDRESS         CITY-ST-ZIP         54 CITY-ST-ZIP         TITLE         DELETE         61 TITLE         Change         Addition  |   |                   |                       |                |                       |              |                    | ADDRESS           |   |  |
| TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME         52 NAME           STREET ADDRESS         53 STRIEET ADDRESS         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addition  | . <b>}</b>  |                   |                       |                |                       |              |                    |                   |   |  |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addition  |   | <del></del> -     |                       |                | DELETE                |              |                    |                   | ☐ Change ☐ Addition   |  |
| CITY-ST-ZIP         54 CITY-ST-ZIP           THLE         DELETE         61 TITLE         Change         Addition  | NAME  |                   |                       |                |                       | 5 2 NAN      | ΛE                 |                   |   |  |
| THILE DELETE 61 TITLE Change Addition  | STREET ADDRESS  |                   |                       |                |                       | 5.3 STR      | EET (              | address           |   |  |
|  | CITY-ST-ZIP   |                   | ***                   |                |                       |              |                    | r- 7IP            |   |  |
| NAME   4 de la final de la fin | 1   |                   |                       |                | ☐ DELETE              |              |                    |                   | L_J Change L_J Addition   |  |
|  | NAME  |                   |                       |                |                       |              |                    |                   |   |  |
| STREET ADDRESS 63 STREET ADDRESS   | l .   |                   |                       |                |                       |              |                    |                   |   |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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  | CITY-ST-ZIP   | ertify that the   | information supplier  | 1 with this fi | ling does not qualify | for the ever | rot                | ion stated i      | n 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.

212,204-1312