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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	JMENT # P9700 Ion Name BREEZE HOMES & CONSTI						
Principal Place of Business Mailing Address						)	
5005-26TH	AVE. WEST IN FL 34209	5006-26TH AVE. WEST BRADENTON FL 34209		DO NOT WRITE IN THIS SPACE			
}					<ol> <li>Date Incorporated or Qualified 05/12/1997</li> </ol>		
2. Principal	Place of Business	2a. Mailing Address	·· <del></del>		4. FEI Number	Applied For	
21		26		65-0766147	Not Applica		
Suite, Ap	it. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	38.75 Additional Fee Regulred	)
City & Sta	ato	City & State	******	<del></del>	6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution		
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the	ne current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	int Registered Agent	81	(I Name	10. Name and Address of New Regist	ered Agent	
	CORIGLIANO, KENNETH D		61	I Name			
1 -	6005-28TH AVE. WEST BRADENTON FL 34209		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	AVADENTON PL 34209		83	3			
İ			L	<u> </u>			
			84	City		FL 85 Zip Code	
office of agent. I SIGNATURE	r registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, Fl	authorized b lorida Statute	y the corpo es.	orporation submits this statement for the purp ration's board of directors. I hereby accept the	e appointment as registere	ð
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICER		
TITLE	D CODICHANO VENNETH D	CORIGLIANO, KENNETH D				Change Addi	tion
SAAF AATIL ALS INFAT			1.2 NAME				
STREET ADDRESS	BRADENTON FL 34209			ET ADDRESS			
CITY-ST-ZIP	Bradenton 1 6 04200	DELETE	1.4 CITY-			Change Add	ition
NAME			2.2 NAME	1			
STREET ADDRESS	s			ET ADDRESS			
CITY-\$1-ZIP			2. 4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3,1 TITLE			Change Addi	tion
NAME			3.2 NAME				
STREET ADDRESS	s		3.3 STREE	ET ADDRESS			
CITY-ST-ZIP	Dr. per		3 4. CiTY				
TITLE	☐ DELETE		4.1 TITLE			Change Addi	tion
NAME			4, 2 NAM				
STREET ADDRESS	s			ET ADORESS			
CITY-ST-ZIP		DELETE		·ST - ZIP	##	Change Addi	ition
NAME			5.1 TITLE 5.2 NAME				
STREET ADDRESS	s			ET ADDRESS			
CITY-ST-ZIP	-		5.4 CITY-	- 1			
TITLE		☐ DELETE	6.1 TITLE			Change Add	ition
NAME			6.2 NAME		•		

CITY-ST-ZIP 14. Thereby 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**FILED** 

Apr 21 1998 8:00am

Secretary of State