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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700054532 (1)

PALM BREEZE REALTY, INC.

Principal Place of Business Mailing Address 4828 NORTH ARMENIA AVENUE 4629 NORTH ARMENIA AVENDE TAMOAP-FL 33603 PANNOAP FL 33603 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For P.O. Box 348835 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Tampa 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name SIRNA, ANDREW L 4028 NORTH ARMENIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **FAMOAP FL 33603** 83 Tampa 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when relinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME SIRNA, ANDREW L 1.2 NAME 4628 NORTH ARMENIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS <del>tamoap</del> FL **33**603 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE \_\_\_ Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 supplimental 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.

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 THILE

6.2 NAME

DELETE

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**FILED** 

Feb 04 1998 8:00am

Secretary of State

012 500

Change

Addition