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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPATTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700070102 1. Comporation Name

SOUTHERN BREEZE CONSTRUCTION, INC.

1								
Principal Place	of Business	Mailing Address						
	02 CW 05#	× 57						
5703 SW 85th ST SOUTH MIAMI, FL 33143					}	DO NOT WRITE IN THIS SPACE		
Sout	4 Miami, FO	- 33143				3. Date Incorporated or Qualifed		
2. Principal Pla		2a. Mailing Address				4. FEI Number	A	pplied For
21	AME	26 AM				65-0774301		lot Applicable
Suite, Apt. #	Setc./TY VL	Suite Apt #/etc. 6 L	_			5. Certifcate of Status Desired		Additional Required
City & State		City & State				-6:≍Election Campaign Financing	\$5.00)-May Be-= ≂
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I		5 00
24	25		30			Personal Property Tax. 10. Name and Address of New Registered	∐ Yes	JEUNO
	9. Name and Address of Curren	<u> </u>		81 Name		IV. Name and Address of New Registered	Agent	
1).	1 600	2.10 C						
DONALD A. GWSBURG 3245 NE 184 ST #13102 83 83					Address	ress (P.O. Box Mumber is Not Acceptable)		
3245	NE 1842 ST	#13/02		83				
1	VIVRA, FL 3	2160		84 City	_/		85 Zip	Code
AVEN	VIVERT, I'L 3	3/60		84 City		FI	_ 65 210	Code
11. Pursuant to	the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	s, the al	ove-named c	corpora	tion submits this statement for the purpose of board of directors. I hereby accept the appoint	f changing its	s registered
agent. I am	familiar with and accept the obligat	ions of, Section 607.0505, Flor	ida Statu	ites.	, allon Ç	board of directors. Thereby decept the app.	1	,g.0.0,00
SIGNATURE _	Wanter a			Quent signature rec		3/23/	79	
12.	ignature, typed or printed name of registered agen OFFICERS AN		Registered	Agent signature 160	equirea wh	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE		☐ DELETE	1.1 TIT	TE T			Change	Addition
NAME			1.2 NA	ME				
STREET ADDRESS			1.3 ST	REET ADDRESS		•		
CITY-ST-ZIP			1.4 CR	Y-ST-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE			☐ Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS				
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STREET ADDRESS				REET ADDRESS				
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NAME		_	4. 2 N	Į.			,	
STREET ADDRESS				REET ADDRESS			•	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT	LE			Change	☐ Addition
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		7		Y-ST-ZIP				— 4.390
TITLE		☐ DELETE	6.1 TIT				Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS			0.35	REET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Secretary of State

03-30-1999 90016 013 ***150.00

Mar 30, 1999 8:00 am