

FILED

Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90005 050 ***150.00

1. Entity Name

TROPICAL BREEZE BEACH CONCESSION, INC.

Principal Place of Business	Mailing Address
2987 S. ATLANTIC AVE.	2987 S. ATLANTIC AVE.
UNIT 1102	UNIT 1102
DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3512754	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, PHILLIP R
2987 S. ATLANTIC AVE.
UNIT 1102
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div>FL</div> <div>Zip Code</div>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible][illegible]

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 8/23/2000 904-322-4492
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Aug. 23rd, 2000

TO WHOM IT MAY CONCERN,

I NEVER GOT A RENEWAL
NOTICE FOR MY CORPORATION.
YOU SENT ME THIS NOTICE AND
I CALLED DIV. OF CORP. AND TOLD THEM,
THEY TOLD ME TO WRITE YOU THIS --

LETTER TELLING YOU AND YOU COULD
WAIVER THE PENALTY. I AM
SENDING MY \$150.00 I OWE YOU
AND THANK YOU FOR YOUR
HELP AND UNDERSTANDING,

Roger Yemas, PRESIDENT