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**

DOCUMENT #

S15637

(9)

TRADEWINDS REALTY OF BREVARD, INC.

| Mailing Add | ress |
|-------------|------|

FILED Jan 28 1998 8:00am Secretary of State



| Principal Plac | Principal Place of Business Mailing Address | | | ! !!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!! | F I DASTATIS COT STORT OTTO BITTED TOTAL OF SERVICE OF STATE OF OTTO OTTO STATE OF SERVICE OF SERVI | | | | |
|--|--|-------------------------------|--------------------------|---|--|--------------------------------------|----------------------------|--------------|------------------|
| 1290 HWY A1A #103-4 SATELLITE BEACH FL 32937 1290 HWY A1A #103-4 SATELLITE BEACH FL 32937 | | | | | | | | | |
| | | SATELLITE | SATELLITE BEACH FL 32937 | | | DO NO | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or C | | | |
| | | | | | | 11/27/1990 | | | |
| 2. Principal P | lace of Business | 2a. Mailing A | ddress | | | 4. FEI Number | | т ТТ | Applied For |
| 21 | | 26 | | | | 59-3038865 | | | Not Applicable |
| Sulte, Apt. | Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | 🗖 | | 5 Additional | | |
| 22 | | 27 | | | | 5. Certificate of Status De | sired | | Required |
| City & Stat | City & State City & State | | | | 6. Election Campaign Fin | ancing | \$5.0 | 00 May Be | |
| 23 | | 26 | | | | Trust Fund Contribution | | Adde | d to Fees |
| Zip Zip | Country | Zφ | <u> </u> | Country | | 8. This corporation owes | | rrent year | |
| 24 | 25 25 Name and Address of Cu | 29 | 30 | <u> </u> | | Personal Property Tax | | Yes | ∐ No |
| | | itetit vaðisteten viða | <u> </u> | 81 | Name | 10. Name and Address o | New Registered | Agent | |
| GARBER, MEYER | | | " | IVALLE | | | | | |
| 1290 HWY A1A #103-4 | | | | 82 | Street A | Address (P.O. Box Number is Not | Acceptable) | | |
| SA | ITELLITE BEACH FL 32937 | | | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 | City | | FL | 85 Zi | p Code |
| 11 Pursuant | to the provisions of Sections 607 | 0502 and 607 1508 F | orida Statutos I | he abov | e-named | corporation submits this statemen | | fohanging | v ita sagistasad |
| Office of r | egistered agent, or both, in the St | tate of Florida. Such ci | nange was autho | orized by | v the corp | oration's board of directors. I here | by accept the app | ointment | as registered |
| _ | rn familiar with, and accept the ob | onganons or, Section o | oz.usus, Fiorida | า 2เลเนเย: | 8. | | | | |
| SIGNATURE | Signature, typed or printed name of registered | agont and title it applicable | (NOTE: Rec | stered Age | ent signature | required when reinstating) | DATE | | |
| 12. | OFFICERS | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES | | DIRECTO | ORS IN 12 |
| TITLE | D | | DELETE | 11 TITLE | | | | Change | |
| NAME | Garber, Meyer | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 563 PEREGRINE DRIVE | | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | INDIALANTIC FL | | | 1.4 CITY - S | T - ZIP | | | | |
| TITLE | | | DELETE | 2.1 TITLE | | | | Change | Addition |
| NAME | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | 2.3 STREE1 | ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | | | 2. 4 CITY-5 | ST-ZIP | | | | |
| TITLE | | L | DELETE | 3.1 TITLE | | | | Change | Addition |
| NAME | | | ľ | 3.2 NAME | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY - 9 | ST-ZIP | ·································· | | | |
| TITLE | | LJ | | 4.1 TITLE | | | | ∐ Change | Addition |
| NAME | | | | 4. 2 NAME | | | | | • |
| STREET ADDRESS | | | | 4.3 STREET | | | | | ľ |
| CITY-ST-ZIP | | | | 4.4 CITY-S | I - ZIP | | | T C | A diam'r. |
| TITLE | | | | 5.1 TITLE | - 1 | | | ☐ Change | : Addition |
| NAME OTROCET ADDRESS | | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | 5.3 STREET | | | | | |
| CITY-ST-ZIP TITLE | | | | 5.4 CITY - S | T-ZIP | | | Charte | Addit - |
| | | Ш | | 61 TITLE | | | | ☐ Change | Addition |
| NAME CTREET ADDRESS | | | | 62 NAME | I DDDGGG | | | | |
| STREET ADDRESS | | | | 6.3 STREET | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY - S | I - ZIP | | | | |

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 trusled empowered to execute his report as equired 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.