

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 12 AM 8:58

DOCUMENT # S74208 (7)

**1. Corporation Name
BREZING CORP.**

Principal Place of Business Mailing Address
12670 NEW BRITTANY BLVD 12670 NEW BRITTANY BLVD
STE 101 STE 101
FT. MYERS FL 33906 FT. MYERS FL 33906
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/15/1991 3a. Date of Last Report 07/29/1994

4. FEI Number 65-0322692 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D. JR.
12670 NEW BRITTANY BLVD
STE 101
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE OPT
NAME BREZING, SIEGFRIED
STREET ADDRESS 834 SPAULDING AVE
CITY - ST - ZIP LEHIGH ACRES FL

TITLE S
NAME BREZING, CHRISTA
STREET ADDRESS 834 SPAULDING RUE
CITY - ST - ZIP LEHIGH ACRES FL

TITLE D
NAME BREZING, MICHAEL
STREET ADDRESS 834 SPAULDING RUE
CITY - ST - ZIP LEHIGH ACRES FL

TITLE D
NAME BREZING, MATTHIAS
STREET ADDRESS 834 SPAULDING RUE
CITY - ST - ZIP LEHIGH ACRES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME Mathias Brezing
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIEGFRIED BREZING

05.24.1995

Date

Signature Printed Name