

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S74208 (7)
1. Corporation Name
BREZING CORP.

Principal Place of Business 12670 NEW BRITTANY BLVD STE 101 FT. MYERS FL 33906 US	Mailing Address 12670 NEW BRITTANY BLVD STE 101 FT. MYERS FL 33906 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 425 Suite, Apt. #, etc. 22 City & State 23 Lehigh Acres, FL 24 Zip 33970 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country		3. Date Incorporated or Qualified 08/15/1991 4. FEI Number 65-0322692 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREZING, SIEGFRIED	1.2 NAME	
STREET ADDRESS	834 SPAULDING AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREZING, CHRISTA	2.2 NAME	
STREET ADDRESS	834 SPAULDING RUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREZING, MICHAEL	3.2 NAME	
STREET ADDRESS	834 SPAULDING RUE	3.3 STREET ADDRESS	

CR2E034 (10/97)