

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:14

DOCUMENT # **V32058** (2)

1. Corporation Name

**KEY BREEZE, INC.**

Principal Place of Business

**1201 SOUTH MCCALL ROAD  
ENGLEWOOD FL 34223**

Mailing Address

**1201 SOUTH MCCALL ROAD  
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/29/1992** 3a. Date of Last Report **12/12/1994**

4. FEI Number **65-0331792** 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  
21 **3700 ALEXANDER RD** 2a. Mailing Address  
26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State **ENGLEWOOD FL** 27 City & State

24 Zip **34223** 25 Country **CHARLOTTE** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DIGNAM, DAVID M.  
1201 SOUTH MCCALL ROAD  
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name **THOMAS M. DIGNAM**  
82 Street Address (P.O. Box Number is Not Acceptable) **1151 LARCHMONT DR**  
83  
84 City **ENGLEWOOD FL** 85 Zip Code **34223**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**2-13-95**

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when registering)

TITLE	<b>S</b>
NAME	<b>DIGNAM, DAVID M.</b>
STREET ADDRESS	<b>1201 S. MCCALL ROAD</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>X P</b>
NAME	<b>DIGNAM, THOMAS M.</b>
STREET ADDRESS	<b>1151 LARCHMONT DRIVE</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>
TITLE	<b>A T</b>
NAME	<b>SULLIVAN, PATRICK</b>
STREET ADDRESS	<b>1200 N INDIAN AVE.</b>
CITY - ST - ZIP	<b>ENGLEWOOD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>SECRETARY</b>
1.2 NAME	<b>WM. BURMAN</b>
1.3 STREET ADDRESS	<b>162 MYRNA DR</b>
1.4 CITY - ST - ZIP	<b>VENICE FL 34293</b>
2.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RICHARD EDWARDS</b>
3.3 STREET ADDRESS	<b>9009 BANTAY BAY BLVD</b>
3.4 CITY - ST - ZIP	<b>ENGLEWOOD FL 34223</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(9)(a), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-13-95 813-414-9511**  
Date Telephone #