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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V32058 1. Corporation Name

KEY BREEZE, INC.

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Principal Place	of Business	Mailing Address	_			1	1 14811 411200 11110 11011 0010	g., o		
3700 ACCESS F	ROAD	3700 ACCESS RD				ļ				
ENGLEWOOD FL 34223			ENGLEWOOD FL 34223			Į.	DO NOT WRITE IN THIS SPACE			
US		US							SSPACE	
							Incorporated or Qualife	ed	•	
							29/1992		т.	
2. Principal Pl	ace of Business	2a. Mailing Address	i			4. FEI			1	oplied For
21		26				65-	0331792			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			5. Cert	fcate of Status Desired		·	Additional
22		27								equired
City & State	e	City & State				I	tion Campaign Financing	g 🗆		May Be
23		28				Trus	t Fund Contribution		Added	to Fees
Zip	Country	Zip	_	Country		8. This	corporation owes the cu	urrent year Ir		
24	25	29	30				onal Property Tax.		Yes	No
	9. Name and Address of Curr	ent Registered Agent				10. Nan	e and Address of New	Registered	Agent	
				81	Name					
	ard, richard			82	Street A	Address (P.O. B	ox Number is Not Accep	otable)		
	BANTRY BAY BLVD			1	0000					
ENG	LEWOOD FL 34223			83						
									95 7:-	Code
				84	City			FI	85 Zip	Code
	the annuisie — 6 Continue 607 O	502 and 607 1508 Florida	Statutes	the about	L	corporation sub-	nits this statement for th	ne purpose o	f changing its	registered
11. Pursuant t				LITE AUUVE	e-named d			4 AL	intmant ac re	agistered
11. Pursuant office or re	egistered agent, or both the Sta	502 and 607.1508, Florida te of Florida. Such change	was auth	orized by	e-named of the corpo	oration's board o	of directors. I hereby acc	ept the appo	mittaeth as te	gio.o.ou
office or re	egistered atjent, of hotels of Star n familiar with, an access to policy	te of Florida. Such change gations of, Section 607.050	was auth 15. Florida	norized by a Statutes	e-named of the corpo	oration's board o	of directors. I hereby acc	ept the appo		.g.0.0.00
office or re agent. I ar SIGNATURE	m familiar with, any access the con-	gations of, Section 607.050	DIA.	a Statutes	DOR			Sept the appo	17	
office or re agent, I ar SIGNATURE	n familiar with, and accept the colling	gations br, Section 607.050	DIA.	a Statutes ogistered Ager	DOR	equired when reinstati	rg)	44- DATE	??	
office or reagent. I ar SIGNATURE	Signature, typed or printed name of register d.a. OFFICERS	cations of, Section 607.050 peritand little if applicable. AND DIRECTORS	(NOTE: Re	egistered Ager	DOR	equired when reinstati		44- DATE	??	
office or reagent. I as SIGNATURE 12.	Signature, typed or prifted name of registering a OFFICERS A	gations br, Section 607.050	(NOTE: Re	a Statutes agistered Ager 13. 1.1 TITLE	DOR	equired when reinstati	rg)	44- DATE	PP ND DIRECTO	DRS IN 12
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office or reagent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or prifted name of register to a OFFICERS A VPT BURDICK, WM. 162 MYAKKA DR VENICE FL	contions of, Section 607.050 portfolio little if applicable. AND DIRECTORS	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	t signature re	equired when reinstati	rg)	44- DATE	ND DIRECTO	DRS IN 12 ☐ Addition
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14. 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 truster ampowered 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 attacking with an address, with all other like empowered.

8.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP