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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V55372

1. Corporation Name

SEABREEZE FARMS INC.

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Principal Place			ng Address	DNR	~ /	22049					
505 OLD MIMS ROAD GENEVA FL 32732 US											
					OVIEDO FC 32762-204		DO NOT WRITE IN THIS SPACE				
				3	·	DZ-2017	٠.	Date Incorporated or Qualifed			
				_				08/05/1992		130	
			2a. Mailing Address			1	FEI Number			optied For	
21			26			 '	<u>59-3145432</u>			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certifcate of Status Desired		•	Additional equired	
22	it. 9 Ctoto				├_						
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country			Zip Country			-	This corporation owes the curre	ent voor Ints		10 1 000	
		<u> </u>	iP.	30	y		1	Personal Property Tax.	-	Yes	□No
24	9. Name and Address	of Current Pegister	od Agent	1301	1			Name and Address of New R			
	9. Name and Address	o or carrett register	ed Agent		81	Name		reality and year out of the te	3		_
DEUTSCH, PAUL M					Ш						
			82	Street Addres	ss (P.	O. Box Number is Not Accepta	ble)				
1750 W. BROADWAY STREET , SUITE 106					83						
OYEIDO FL 32765					"						
012/00 12 02/00					84	City			FL	85 Zip	Code
					\perp			submits this statement for the			giotorod
office or r agent. I a	registered agent, or both, in am familiar with, and accep	a the State of Florida	Such change was a	utnonzer	n nv tn	e corporation	1's bo	ard of directors. I hereby accep	4 - 6-	iunen as ie	gistered
SIGNATURE	Signature, typed or printed name of	registered agent and title if an	plicable. (NOTE	; Registered	d Agent s	signature required v	when re	ainstating)	DATE		
12.		CERS AND DIRECT		13.			A	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
TITLE	D DELETE		1.1 TI	1.1 TITLE					☐ Change	☐ Additio	
NAME	DEUTSCH, PAUL M		- 4-	1.2 N	AME						
STREET ADDRESS	2208 HILLCREST CT	POBOX 62	2049	1.3 S	TREETA	DORESS					
CITY-ST-ZIP	ORLANDO PL	OVIEDO FO	32762-204	9 1.4 CI	ITY-ST-	ZIP					
TITLE			☐ DELETE	2.1 TI	MLE					☐ Change	☐ Addition
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CITY-ST-ZIP			☐ DELETE	6.1 TI						Change	Additio
TITLE	+			6.2 N							
NAME				1		DORESS)					
STREET ADDRESS	3										
CITY-ST-ZIP				6.4 C	TY-ST-	ZIP	_				

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 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TIRED