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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H47483 (3)
1. Corporation Name
HAMMOCK BREEZE CORP.



Principal Place of Business: % WILLIAM G. VIETEL, HIGHWAY 24, POST OFFICE BOX 3, CEDAR KEY FL 32625
Mailing Address: % WILLIAM G. VIETEL, HIGHWAY 24, POST OFFICE BOX 3, CEDAR KEY FL 32625-0003

Mr. William Viertel, 6450 SW St. Hwy. 24, Cedar Key, FL 32625
Mr. William Viertel, 6450 SW St. Hwy. 24, Cedar Key, FL 32625

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 04/25/1996
4. FEI Number: 31-0843425
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

22. City & State
23. Zip
24. Country
25. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent: VIETEL, WILLIAM G., HIGHWAY 24, BOX 3, CEDAR KEY FL 32625

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Includes entries for William G. Viertel, Susan S. Viertel, and Richard Tindall.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for title, name, street address, city-st-zip.

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Wm G. Viertel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4/27/97 (352) 543-9810
Daytime Phone #

CR2E034 (9/96)