

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 617631 (7)

95 APR -6 AM 9: 25

1. Corporation Name
BREIT'S TOWER SERVICE, INC.

Principal Place of Business Mailing Address
4720 SW 75 AVE 4720 SW 75 AVE
MIAMI FL 33155 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/17/1979 02/08/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		59-1936824		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EBERHART, AERIS DEE
3400 PAN AMERICAN DR
DINNER KEY MARINA
MIAMI FL 33133

81 Name	AERIS DEE EBERHART		
82 Street Address (P.O. Box Number is Not Acceptable)	4720 SW 75 AVENUE		
83			
84 City	MIAMI	85 State	FL
		86 Zip Code	33155

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 **AERIS DEE EBERHART SEC-TREAS.** *Aeris Dee Eberhart* **4-3-95**
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	STM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERHART, AERIS DEE	1.2 NAME	
STREET ADDRESS	4720 SW 75 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINSON PAUL	2.2 NAME	BREIT CHARLES E.
STREET ADDRESS	1000 SW 95 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIT, CHARLES W.	3.2 NAME	
STREET ADDRESS	4720 SW 75TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRAM, GARY	4.2 NAME	
STREET ADDRESS	9700 S Dixie Hwy	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(k), 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: **Aeris Dee Eberhart** *Aeris Dee Eberhart* **4-3-95** **205-261-1272**
Typed Name Date (Typed Name)