

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0224542

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90023 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # 617631

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 04/17/1979	4. FEI Number 59-1936824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BREIT, AERIS DEE
4720 SW 75 AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____

12. OFFICERS AND DIRECTORS

TITLE	STM	<input type="checkbox"/> DELETE
NAME	BREIT, AERIS DEE	
STREET ADDRESS	4720 SW 75 AVE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BREIT, CHARLES E.	
STREET ADDRESS	10905 SW 95 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BREIT, CHARLES W.	
STREET ADDRESS	4720 SW 75TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGRAM, GARY	
STREET ADDRESS	9700 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BREIT, AERIS DEE	
1.3 STREET ADDRESS	34 GARDEN MALL CT.	
1.4 CITY-ST-ZIP	INGLIS, FL. 34449	
2.1 TITLE	VA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BREIT, CHARLES E.	
2.3 STREET ADDRESS	34 GARDEN MALL CT.	
2.4 CITY-ST-ZIP	INGLIS, FL. 34449	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Charles W. Breit **CHARLES W. BREIT** 1/5/99 (305) 261-1272
 _____ Date _____ Daytime Phone # _____

CR2E034 (11/98)