

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

**FILED**  
**May 08 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 # K59383 (5)**

1. Corporation Name  
**BREAKTHROUGH ENERGY SYSTEMS, INC.**

Principal Place of Business  
**16425 COLLINS AVE., #811  
 SUNNY ISLES FL 33160-4540**

Mailing Address  
**16425 COLLINS AVE., #811  
 SUNNY ISLES FL 33160-4540**



3. Date Incorporated or Qualified <b>01/19/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0505392</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent  
**COLLINS, DIANNE  
 16425 COLLINS AVE,  
 #811  
 SUNNY ISLES FL 33160**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign your name or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, DIANNE	
STREET ADDRESS	16425 COLLINS AVE., #811	
CITY - ST - ZIP	SUNNY ISLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, ALAN	
STREET ADDRESS	16425 COLLINS AVE., #811	
CITY - ST - ZIP	SUNNY ISLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<del>Director</del> CHAIRMAN & CHIEF EXECUTIVE OFFICER (CEO)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	AND DIANNE COLLINS	
13 STREET ADDRESS	16425 COLLINS AVENUE, #811	<input checked="" type="checkbox"/> CD
14 CITY - ST - ZIP	SUNNY ISLES, FL 33160	
21 TITLE	<del>Director</del> PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	AND ALAN K. COLLINS	<input checked="" type="checkbox"/> PD
23 STREET ADDRESS	16425 COLLINS AVENUE, #811	
24 CITY - ST - ZIP	SUNNY ISLES, FL 33160	
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 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 in an attachment with an address.

SIGNATURE: *Dianne Collins* **DIANNE COLLINS, CEO** 4/29/97 (305) 354-8141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)