

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027519 (6)

1. Corporation Name

FLORIDA BREAKER & ELECTRICAL SURPLUS, INC.



Principal Place of Business

3700 HACIEND BLVD.
BAY E
FT LAUDERDALE FL 33314
US

Mailing Address

% FRAN HACKER
1125 SW 101 RD
DAVIE FL 33324
US

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 837 SW 17 Ave.

26 Suite, Apt. #, etc.

4. FEI Number

65-0402243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Delray Bch, FL

28 City & State

24 33444 25 US

29 Zip

Country

24 33444 25 US

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HACKER, BRENDA
1500 NW 49TH ST
SUITE 608
FT LAUDERDALE FL 33309

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

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 ☐ DELETE

NAME
DPS
MORIS, JOHN P
1125 SW 101 RD
DAVIE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DVT
WING, RICHARD
1125 SW 101 RD
DAVIE FL

1.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

2.3 STREET ADDRESS

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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.

1/25/96

954-370-3000

Daytime Phone #

CR2E034 (12/95)