


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			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/17/1979 4. FEI Number 59-1936824 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE STM <input type="checkbox"/> DELETE NAME BREIT, AERIS DEE STREET ADDRESS 4720 SW 75 AVE CITY-ST-ZIP MIAMI, FL 00000			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		
TITLE VP <input type="checkbox"/> DELETE NAME BREIT, CHARLES E. STREET ADDRESS 10905 SW 95 ST CITY-ST-ZIP MIAMI FL			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		
TITLE PD <input type="checkbox"/> DELETE NAME BREIT, CHARLES W. STREET ADDRESS 4720 SW 75TH AVENUE CITY-ST-ZIP MIAMI FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME MAGRAM, GARY STREET ADDRESS 9700 S DIXIE HWY CITY-ST-ZIP MIAMI FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		



DO NOT WRITE IN THIS SPACE

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)