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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

May 13 1998 8:00am

Secretary of State

| BRAY | TON'S, INC. | | | | |
|---|--|---------------------|--|---|-----------------------|
| Principal Place of Businoss 101 NW 53RD PLACE POMPANO BEACH FL 33064 US Mailing Address 101 NW 53RD PLACE POMPANO BEACH FL 3306 US | | | 3064 | DO NOT WRITE IN TH | |
| | | | | 3. Date Incorporated or Qualified | |
| 9 Principal P | lace of Business | 2a. Mailing Address | | 03/05/1981 4. FEI Number | Applied For |
| 21 | lade of Bosiness | 26 | | 59-2065038 | Not Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | S. Certificate of Status Desired | Fee Required |
| City & State | е | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | T 6 | 28] | Country | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | Yes No |
| 24 | 25 9. Name and Address of Curre | | - | 10. Name and Address of New Registers | |
| P | RETON, YVES | | 81 Name | | |
| 101 NW 53RD PLACE | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| | OMPANO BEACH FL FL 33064 | | S. S | , soo (1.5. Box (temper to the thought as sy | |
| | | | 63 | | |
| | | | 84 City | | . 85 Zip Code |
| | | | | | |
| agent. I a SIGNATURE | am familiar with, and accept the oblig | | rida Statutes. Registered Agent signature requi | poration submits this statement for the purposition's board of directors. I hereby accept the a lived when reinstating) | |
| 12. | | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | PSD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | BRETON, YVES | | 1.2 NAME | | |
| STREET ADDRESS | 101 NW 53RD PLACE | • | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | POMPANO BCH, FL 00000 | DELETE | 1.4 CITY - ST - ZIP 2.1 TiTLE | | ☐ Change ☐ Addition |
| NAME | BRETON, LISE | | 2.2 NAME | | |
| STREET ADDRESS | 101 NW 53RD PLACE | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 2 4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | . ☐ DELETE | 4.4 CiTY-ST-ZIP | | Change Addition |
| TITLE NAME | | · D OCCUR | 5.2 NAME | | |
| | | | 5.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 5.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | | | |
| | 1 | | | | C. Change C. Addition |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |

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 informatindicated 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 at 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.

WES BRETON