

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003059 (0)

1. Corporation Name

BREED INTERNATIONAL MANUFACTURING DEVELOPMENT CO
RPORATION

Principal Place of Business

Mailing Address

P.O. BOX 33050
LAKELAND FL 33807-3050

P.O. BOX 33050
LAKELAND FL 33807-3050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/18/1996	
22 City & State		27 City & State		4. FEI Number 59-3380800	
23 Zip		28 Zip		APPLIED FOR	
24 Country		30 Country		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DS	1.1 TITLE	Director
NAME	SPERANZELLA, CHARLES J JR.	1.2 NAME	
STREET ADDRESS	5300 OLD TAMPA HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	Treasurer
NAME	MCFADDEN, EDWARD H	2.2 NAME	Robert Saltarelli
STREET ADDRESS	5300 OLD TAMPA HWY.	2.3 STREET ADDRESS	5300 Old Tampa Hwy.
CITY-ST-ZIP	TAMPA FL 33811	2.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	P	3.1 TITLE	President
NAME	MAGISTRALI, GIOVANNI	3.2 NAME	Robert M. Rapone
STREET ADDRESS	5300 OLD TAMPA HWY.	3.3 STREET ADDRESS	5300 Old Tampa Hwy.
CITY-ST-ZIP	LAKELAND FL 33811	3.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE		4.1 TITLE	Secretary
NAME		4.2 NAME	Lizanne Guptill
STREET ADDRESS		4.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Johnnie C. Breed
STREET ADDRESS		5.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0412546

CR2E034 (10/97)