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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G49007**

FT. LAUDERDALE FL

AXELROD, CARLIN

909 BREAKERS AVE

FT. LAUDERDALE FL

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY - \$1 - ZIP

TITLE

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TITLE

NAME

TITLE

NAME STREET ADDRESS (9)

THE BREAKERS HOLDING CORP. Principal Place of Business Mailing Address 909 BREAKERS AVE. 909 BREAKERS AVE. FT.LAUDERDALE FL 33304-3319 FT.LAUDERDALE FL 33304-3319 3. Date incorporated or Qualified 3a. Date of Last Report 06/28/1983 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2323410 21 Not Applicable 26 Suite. Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zφ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEYERS, STEVEN P.A. ONE BISCAYEN BLVD., STE 3550 82 Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD 83 **MIAMI FL 33133** City 84 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 Signative hypodior printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition PD PELETE 1.1 TIYLE Change TITLE SVIRSKY, SEYMOUR NAME 1.2 NAME 909 BREAKERS AVE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST- ZIP CITY-S1-ZIF VD. ELETE Change Addition TITLE 2.1 TITLE ABRAMOUITZ, CHARLES 2.2 NAME NAME 909 BREAKERS AVE STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST-ZIP 2 4 CiTY-ST-ZIP Addition FLETE Change TITLE 3.1 TITLE AXELROD, BERNARD 3.2 NAME NAME 3.363 909 BREAKERS AVE 3.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 on an attachment with an address.

34 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

44 CITY-ST-ZIP

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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FILED

Jan 23 1997 8:00am

Secretary of State