

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 28 AM 7:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J24986 (8)

1. Corporation Name
GAMEBREAKERS, INC.

Principal Place of Business Mailing Address
% DEBORAH S. KLEM 7870 S.W. 120 STREET MIAMI FL 33156
% DEBORAH S. KLEM 7870 S.W. 120 STREET MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1986 3a. Date of Last Report 07/05/1994

2. Principal Place of Business 2b. Mailing Address
21 % Paul Pergakis 25 % Paul Pergakis
Suits, Apt. #, etc. 7870 SW 120 St. Suite, Apt. #, etc. 7870 SW 120 St.
22 City & State Miami, FL 27 City & State Miami, FL
23 Zip 33156 Country 28 Zip 33156 Country 30

4. FFI Number 59-2766453 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. The total Corporation Excise and Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PERGALIS, PAUL
7870 SW 120 STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name Pergakis Paul
82 Street Address (P.O. Box Number is Not Acceptable) 7870 SW 120 St.
83
84 City Miami FL 85 Zip Code 33156

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 that of shareholder) (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERGAKIS, PAUL
STREET ADDRESS	7870 S.W. 120 STREET
CITY- ST- ZIP	MIAMI FL
TITLE	V
NAME	WEICHERDING, M. DIANE
STREET ADDRESS	2281 N.E. 45TH ST.
CITY- ST- ZIP	MIAMI FL
TITLE	ST
NAME	KLEM, DEBORAH S.
STREET ADDRESS	7870 S.W. 120TH STREET
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	WATLER, BARBARA
STREET ADDRESS	9400 N.W. 38TH ST.
CITY- ST- ZIP	HOLLYWOOD FL
TITLE	V
NAME	DELMONICO, SUSAN
STREET ADDRESS	3 HARBOUR DRIVE SOUTH
CITY- ST- ZIP	OCEAN RIDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONAL OFFICERS, DIRECTORS, SHAREHOLDERS, OR REGISTERED AGENTS

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claim not qualify for the exemption stated in Section 119.02(3)(b), 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 person 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 attached part with an address.

SIGNATURE: Paul Pergakis Resident 6/30/95 305-876-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)