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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90169 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J24986

1. Corporation Name
GAMEBREAKERS, INC.

Principal Place of Business

C/O PERGAKIS, PAUL
7870 SW 120 ST
MIAMI FL 33156
US

Mailing Address

C/O PERGAKIS, PAUL
7870 SW 120 ST
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1986

4. FEI Number

59-2766453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PERGAKIS, PAUL
7870 SW 120 ST
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERGAKIS, PAUL	
STREET ADDRESS	7870 S.W. 120 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WEICHERDING, M. DIANE	
STREET ADDRESS	2281 N.E. 45TH ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	KLEM, DEBORAH S.	
STREET ADDRESS	7870 S.W. 120TH STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WATLER, BARBARA	
STREET ADDRESS	9400 N.W. 38TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	DELMONICO, SUSAN	
STREET ADDRESS	3 HARBOUR DRIVE SOUTH	
CITY-ST-ZIP	OCEAN RIDGE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2415 KEMPER RD
5.4 CITY-ST-ZIP	CROFTON MD 21114

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Paul Pergakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4/29/99 305-876-0665

CR2E034 (11/98)