FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J37582 (0)

1. Corporation Name
BREAKOUT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS FL 33907	12670 NEW BRITTANY BLVD. SUITE 101 FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1986
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 19240 San Carlos Blvd.
22 Suite, Apt. #, etc.
23 City & State: Fort Myers Beach, FL
24 Zip: 33931
25 Country: Lee

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2733502 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PST~~	1.1 TITLE	D	☑ Change ☐ Addition
NAME	~~MARTIN, ANDREW~~	1.2 NAME	Andrew Martin	
STREET ADDRESS	~~12670 NEW BRITTANY BLVD.~~	1.3 STREET ADDRESS	5 Red Ridge Circle	
CITY-ST-ZIP	~~FT. MYERS FL 33907~~	1.4 CITY-ST-ZIP	Barrington, IL 60010	
TITLE	~~P~~	2.1 TITLE	P	☐ Change ☑ Addition
NAME	~~Douglas L. Tracy~~	2.2 NAME	Douglas L. Tracy	
STREET ADDRESS	~~5309 Summerline Rd., Apt.14~~	2.3 STREET ADDRESS	5309 Summerlin Rd., Apt. 1	
CITY-ST-ZIP	~~Fort Myers, FL 33919~~	2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	~~V-P~~	3.1 TITLE	V-P	☐ Change ☑ Addition
NAME	~~Patrick Piecura~~	3.2 NAME	Patrick Piecura	
STREET ADDRESS	~~1419 NE Vauloon Terrace~~	3.3 STREET ADDRESS	1419 NE Vauloon Terrace	
CITY-ST-ZIP	~~Cape Coral, FL 33909~~	3.4 CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	~~S,T~~	4.1 TITLE	S,T	☐ Change ☑ Addition
NAME	~~Roger J. Martin~~	4.2 NAME	Roger J. Martin	
STREET ADDRESS	~~5309 Summerlin Rd., Apt. 1~~	4.3 STREET ADDRESS	5309 Summerlin Rd., Apt. 14	
CITY-ST-ZIP	~~Fort Myers, FL 33919~~	4.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Douglas Tracy, Pres. 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0931701 CP