


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

FILED
Feb 09 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 # J58294 1. Corporation Name BREAKWATER, INC.	(6)
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Principal Place of Business 1201 NORTH FEDERAL HWY. SUITE 3E FT LAUDERDALE FL 33304 US	Mailing Address 1201 N FEDERAL HWY SUITE 3E FT LAUDERDALE FL 33304 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 3E 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/23/1987	4. FEI Number 65-0505248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MOSHELLA, LEIGH E 1201 NORTH FEDERAL HWY. SUITE 3E FT LAUDERDALE FL 33304	10. Name and Address of New Registered Agent 81 Name Moschella, Leigh E 82 Street Address (P.O. Box Number is Not Acceptable) 83 Suite 3E 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DVST <input type="checkbox"/> DELETE
NAME	MOSCHELLA, LEIGH E
STREET ADDRESS	1201 NORTH FEDERAL HWY.
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moschella, Wanne D.
1.3 STREET ADDRESS	1201 North Federal Hwy. 3E
1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33304
2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Moschella, Leigh E
2.3 STREET ADDRESS	1201 North Federal Hwy
2.4 CITY-ST-ZIP	FT Lauderdale, FL 33304
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	7000002426577
6.3 STREET ADDRESS	-02/10/98--01037--035
6.4 CITY-ST-ZIP	***158.75

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: *Leigh E Moschella* *Wanne D Moschella* **11-08 (650) 4-3997**

CR2E034 (10/97)