

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000000131 (2)**

1. Corporation Name

BREAKTHROUGH, INC.



Principal Place of Business

Mailing Address

**9 SE NINTH AVE
FT LAUDERDALE FL 33301**

**9 SE NINTH AVE
FT LAUDERDALE FL 33301-2047**

3. Date Incorporated or Qualified
01/11/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 912 E. BROWARD BLVD.
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 #A

27

City & State

City & State

23 FT. LAUDERDALE, FL

28

Zip

Country

Zip

Country

24 33301-2067

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMOKER, EDWARD J
9 SE NINTH AVE
FT LAUDERDALE FL 33301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

912 E. BROWARD BLVD.

83 #A

84 City FT. LAUDERDALE

FL

85 Zip Code

33301-2067

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DARBY, GREGORY	
STREET ADDRESS	1101 GUAVA ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVELL, WILLIAM C	
STREET ADDRESS	1401 BROWARD BLVD #300	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLEY, STEPHEN A	
STREET ADDRESS	601 N FEDERAL HWY	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCE, BERT	
STREET ADDRESS	9 SE NINTH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, RICHARD D	
STREET ADDRESS	1415 E SUNRISE BLVD #412	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMOKER, EDWARD J	
STREET ADDRESS	9 SE NINTH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	912 E. BROWARD BLVD #A
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	912 E. BROWARD BLVD. #A
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	912 E. BROWARD BLVD. #A
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	912 E. BROWARD BLVD #A
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/97 954/763-6055

CR2E037 (9/96)