

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

FILED

97 FEB -5 AM 9: 51

**DOCUMENT # N95000005458 (3)**

1. Corporation Name  
**BREAKFAST FOR THE CHILDREN CHARITIES, INC.**



Principal Place of Business: **7998 E. COUNTRY CLUB BLVD. BOCA RATON FL 33487**  
Mailing Address: **7998 E. COUNTRY CLUB BLVD. BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **11/16/1995**  
3a. Date of Last Report  
4. FEI Number  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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**BENDER-BALAZICH, DEBBIE  
7998 E. COUNTRY CLUB BLVD.  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: *Debbie Bender-Balazich* 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER-BALAZICH, DEBBIE	1.2 NAME	100002080121--2
STREET ADDRESS	7998 E. COUNTRY CLUB BLVD.	1.3 STREET ADDRESS	-02/06/97--01051--002
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	*****236.25 *****236.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALAZICH, DALE	2.2 NAME	100002080121--2
STREET ADDRESS	7998 E. COUNTRY CLUB BLVD.	2.3 STREET ADDRESS	-02/06/97--01051--003
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGHT, CATHY	3.2 NAME	
STREET ADDRESS	7998 E. COUNTRY CLUB BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	<i>ALDO Rodriguez</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Director</i>	4.2 NAME	
STREET ADDRESS	<i>1520 NW 98 Terrace</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Pembroke Pines, FL 33024</i> Add	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT stamp with handwritten date *11/6/96* and phone number *407-994-5548*.

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

SIGNATURE: *ALDO Rodriguez* DATE: *11/6/96* DAYTIME PHONE #: *407-994-5548*

CR2E037 (3/96)