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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200005400 (6)

BREKHOL, INC.

Mailing Address

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Business 1110 COMMISSIONERS RD. WEST LONDON. ONTARIO CA NEKIC-6 1110 COMMISSIONERS RD. WEST LONDON, ONTARIO CA NISKI C-8 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BLONSHINE, NANCY J 3806-48TH AVE S. Street Address (P.O. Box Number is Not Acceptable) 82 ST.PETERSBURG FL 33711 83 84 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 1014 Change Addition BREKELMANS, GERARDUS NAME 1.2 NAME 1110 COMMISSIONERS RD. N. STREET ADDRESS 1.3 STREET ADDRESS LONDON ONT. CA NGK2C-6 CITY-ST-ZIF 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE\* ☐ Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 addless

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