SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P92000007837 (7)

BREEN & ASSOCIATES, INC.

Principal Place of Business Mailing Address 5831 LITTLE RIVER DR. 5831 LITTLE RIVER DR. TAMPA FL 33615 **TAMPA FL 33615** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/30/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 26 59-3158428 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No Country Zip Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FILED Jul 08 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

OMITH, THOMAS B.			81	Name	
150 SEC O ND AVE. NORTH			82	Street Address (P.O. Box Number is Not Acceptable)	
SUITE 1100					
ST. PETERSBURG FL 33701			83		
			84	City	B5 Zip Code
44 5 .			L		FL FL FL FL FL FL FL FL
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					
12.	Signature, typed or printed name of registered agent and little if applicable. OFFICERS AND DIRECTORS	(NOTE:	Registered Ac	jent signalu	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P F	DELETE	1.1 TITLE		
NAME	BRISEN, PATRICIA	_ Deceie	1.2 NAME		Change Addition
STREET ADDRESS	FARA LITTLE DIVER DE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 34615		1.4 CITY-ST-		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	_		2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	gr se.
CITY-ST-ZIP			2.4 CITY-ST-	ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-	ZIP	
TITLE	L	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS		B	4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-	ZIP	
TITLE NAME	<u>.</u>	DELETE	5.1 TITLE		Change Addition
1			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP TITLE			5.4 CITY-ST- 6.1 TITLE	ZIP	Change Addition
NAME	L		6.2 NAME		Change Addition
STREET ADDRESS		1	B.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-		
14. 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.					