FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 27 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039290 (9)

1. Corporation Name

BRESKI, INC.

Principal Place of Business	Mailing Address
140 129TH AVENUE WEST MADEIRA BEACH FL	140 129TH AVENUE WEST MADEIRA BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1994

3a. Date of Last Report: 5-25-94

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip: 24 33708 County: 25 Pinellas

Zip: 29 33708 County: 30 Pinellas

4. FEI Number: 59-3249646 ☐ 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

7. This corporation has liability for unemployment tax under Ch. 443, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Marsha Weiss

82 Street Address (P.O. Box Number is Not Acceptable): 140 129 Ave

83

84 City: Madeira Beach FL 85 Zip Code: 33708

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: Marsha Weiss president DATE: 4-20-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	P	1 TITLE	☒ Change ☐ Addition
2 NAME	WEISS, MARSHA	2 NAME	P WEISS MARSHA
3 STREET ADDRESS	6924 STONES THROW CIR., NORTH, #8107	3 STREET ADDRESS	140 129 AVE
4 CITY-ST-ZIP	ST. PETERSBURG FL	4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
5 TITLE		5 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
7 STREET ADDRESS		7 STREET ADDRESS	
8 CITY-ST-ZIP		8 CITY-ST-ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY-ST-ZIP		12 CITY-ST-ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY-ST-ZIP		16 CITY-ST-ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY-ST-ZIP		20 CITY-ST-ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	

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)(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: Marsha Weiss MARSHA WEISS 4-20-95 813-397-8895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306159 CP