FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthar I
Secretar, of State
DIVISION OF CORPORATIONS

	199	,		Secre DIVISION OF	t ar, of Stat F CORPOR				
	OCUMEN Corporation Name	NT# P 9	500001	6726 (8	3)				
	FIRST BREA	TH CORP.							
Pr	rincipal Place of Busis	ness		iling Address					
	905 HERNDON ST.			105 HERNDON ST.					
	LEESBURG FL 34748	3		EESBURG FL 34748					
							3. Date incorporated or Qualifie 02/28/1995	o 3a. Date	of Last Report
2. 21	Principal Place of B	lusiness	2a. 26	Mailing Address			4. FEI Number 59 - 3 3 0 8 8	. 42	Applied For Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt #, etc			5. Gertificate of Status Desired		\$8.75 Additional Fee Required
23	City & State		28	Orty & State			Election Campaign Financing Frust Fund Contribution		\$5.00 May Be Added to Fees
24	Zip	ο Country 7φ 25 29			Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	9, N	ame and Address	of Current Regist	ered Agent			10. Name and Address of Nev	Registered A	igent
						81 Name			
	YANDELL, L W					82 Street Ad	ldress (P.O. Box Number is Not Accep	(attle)	
	905 HERNDON LEESBURG FL					83	TV . E	.	
	ELEODONO I E	. 34/40							
						64 Gity		FL	85 Zip Code
11	. Pursuant to the pr	ovisions of Sections	607.0502 and 607	.1508, Fiorida Statu	tes, the abo	ve named corp	ioration submits this statement for the I	wreveco of obor	nging its registered office
	familiar with, and a	it or boar, in the Siz accept the obligation	ns of Section 607.0	change was authon;)505, Flonda Statute:	zea by the c s	orporation's bo	pard of directors. Thereby accept the a	opointment as r	registered agent. Lani
Sı	GNATURE								
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64 (ITY-S1-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)(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 early that I am an officer or director of the corporation or the receiver of tubes a inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 or on an attachment with an address.

6 1 TITLE

6.2 NAME

5.4 C(TY - \$1 - 7)F

6.3 STREET ADDRESS.

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

THILE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/17/96 352-326-2448

☐ Change

Addition

CR2E034 (12/95