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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000016726 (8)

FIRST BREATH CORP.

Principal Place of Business	Mailing Address
905 HERNDON ST.	905 HERNDON ST.
LEESBURG FL 34748	LEESBURG FL 34748-5136

FILED May 06 1997 8:00am Secretary of State



Principal Pla	ace of Business	Mailing Address			I CONTINUE AND SOUR DIEST MOTES AND STATE OF STA		TIM TIMEN MAULTUNI
905 HERNDO LEESBURG F		905 HERNDON ST. LEESBURG FL 34748-513	36				
•					3. Date Incorporated or Qualified 02/28/1995	3a. Date of 05/01/19	
2. Principal	Place of Business	2a. Mailing Address			4. FLI Number		Applied For
21		26			59-3308842		Not Applicable
Suite, Ap		Suite, Apt. #, etc.	·		5. Cerlificate of Status Desired		3.75 Additional Fee Required
City & St	tate	Cily & State			6. Election Campaign Financing	\$	5.00 May Be
23		28			Trust Fund Contribution	<u> </u>	dded to Fees
Zip	Country	Zip	Qount	ry	8. This corporation has liability for in		
24]	25	29	30			Yes No	
114	9. Name and Address of Curr	ent Hegistered Agent	8	1 Name	10. Name and Address of New Reg	istered Agen	···
	NDELL, L W		0	Name			
	5 HERNDON ST.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable	o)	
Œ	ESBURG FL 34748		_				
			8	3			
			8	4 City		FL 85	Zip Code
11. Pursua	nt to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	lules, the abo	ve-named corp	poration submits this statement for the pe		ging its registered
		ite of Florida. Such charige wa igations of, Section 607.0505,	s authorized i Florida Statut	by the corpora es.	poration submits this statement for the pi tion's board of directors. I hereby accep	t the appointm	ont as registered
SIGNATURE	Signature, typod or printed name of registered a	agent and little if applicable (N	OTL: Registered A	gent signature requi	ired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	D	☐ DELETE	1 (1006			C	hange Addition
NAME	YANDELL, L W		1.2 NAM	ŧ			
STREET ADDRES			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY	- ST - ZIP			
TITLE	D	☐ DELETÉ	2.1 1111.6				hange Addition
NAME	YANDELL, JULIE E		2.2 NAMI	£			
STREET ADDRES			2.3 S1RE	E1 ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		2. # CITY	-\$1-ZIP			
TITLE		☐ DELETE	3.1 TITE			□ C	hange Addition
NAME			3.2 NAM				
STREET ADDRES	s		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3 4. CITY	-SI-ZIF		··	
TITLE		DELETE	4.1 1110.5			☐ C	hange 🔲 Addition
NAME			4. ? NAM)E			
STREET ADDRES	s		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			ı 🗆 c	hange
NAME	\		5.2 NAMI	E			ļ
STREET ADDRES	s		5.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP			
TITLE		☐ DELETE	6.1 TITLE				hange Addition
NAME			6.2 NAM	£			ļ
STREET ADDRES	s (6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			64,CI1Y	-ST-ZIP			
44 (4)					11 O # 440 07(0)(1) Et 11 O()		

I do 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 concordation 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 is that good, or on an attachmonywith an address.