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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000051935 (1) DOCUMENT #

1. Corporation Name

ANT BREAK GALLERY, INC)
Principal Place of Business	Mailing Address
6611 RAQUET CLUB DRIVE LAUDERHILL FL 33319	6611 RAQUET CLUB DRIVE LAUDERHILL FL 33319



LAUDERHILL FL 33319		LAUDERHILL FL 33319							
						3. Date Incorporated or Qualified 07/05/1995	3a. Date o	of Las	t Report
2. Principal Plac	ce of Business	2a. Mailing Address				1. FEINS - 0593	563		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional ee Required
City & State		City & State				6. Election Campaign Financing		- :	.00 May Be
23		28				Trust Fund Contribution		Ac	lded to Fees
Zip	Country	Zip	h1	untry		This corporation has limbility for Florida Statutes		unde	rs 199.032,
24	25	29	30	Т		Florida Statutes Yes		aent	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New .			
FRANCO	DEN					/D.O. Dou Number is Not Asserts	blot		
	QUET CLUB DRIVE			82	Street Add	lress (P.O. Box Number is Not Accepta	Die)		
	HILL FL 33319			83					
2 1.55211				84	City			85	Zip Code
					[1	oration submits this statement for the pu	FL	لــــــــــــــــــــــــــــــــــــــ	
SIGNATURE	Signature, typed or printed name of registered egent e	nd tille if applicable. (NO	TE: Register	ed Age		vation submits this statement for the pu and of directors. I hereby accept the app and whom renstating)	DATE		
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OF		DIRECT Char	
TETLE	DP DE DE LA	DELETE		TITLE			L.	J Glia	ige [] Addition
NAME	FRANCO, BEKI 6611 RAQUET CLUB DRIVE			NAME	I ADDRESS				
STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY-						
TITLE	DV	☐ DELFTE	2 1 TITLE				L] Char	nge 🔲 Addition
NAME	FRANCO, DAVID		2.2	NAME					
STREET ADDRESS	6611 RAQUET CLUB DRIVE		1		I ADDRESS				
CHTY-ST-ZIP	LAUDERHILL FL 33319	☐ DELETE		CITY-	ST-ZIP			7 Chai	nge
TITLE				NAMÉ			L.,	J 0.13.	.a. 🗀
NAME STREET ADDRESS					T ADDRESS				
City-ST-ZIP			ı ı		ST-ZIP				
TITLE		☐ DELETE	4.	1 ΤΙΤΙΕ] Cha	nge 🔲 Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		[7] DELETE		CHY- 1 TITLE	ST-ZIP] Cha	nge Addition
TITLE NAME		L. Otter		NAME			_	_ `	_ +
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		☐ DELETE	6.	1 TITLE				Cha	nge 🔲 Addition
NAME				2 NAME	ļ				
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			6.4	1 CITY-	ST-ZIP		0.03/0/4. Fla	-d-1- E	National Life address

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 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 chapted or on ary attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.96