

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000055957 (1)**

1. Corporation Name

BRETTON SERVICE CENTRE, INC.



Principal Place of Business 2919 CORAL SHORE DRIVE FT. LAUDERDALE FL 33306	Mailing Address 2919 CORAL SHORE DRIVE FT. LAUDERDALE FL 33306
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3. Date Incorporated or Qualified 07/19/1995	3a. Date of Last Report
4. FEI Number APPLIED FOR	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
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 3575 NW 31 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 3297 W OAKLAND PK Suite, Apt. #, etc. BLVA.
22 City & State 23 FT. LAUDERDALE, FL	27 City & State 28 LAUDERDALE LAKES, FL
24 Zip 33309 25 Country U.S.A.	29 Zip 33311 30 Country U.S.A.

9. Name and Address of Current Registered Agent

**GOLDING, SHELDON
101 N.E. 3RD AVENUE NE
SUITE 300
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature type for principal officer, director, or registered agent (if applicable)

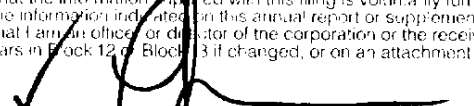
(If the Registered Agent signature is required when filing this report)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD JACKSON, ERIC
STREET ADDRESS	2919 CORAL SHORES DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	☐ DELETE
NAME	STD JACKSON, COLIN
STREET ADDRESS	2919 CORAL SHORES DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information furnished 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)