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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000055957 (1)**

1. Corporation Name

BRETTON SERVICE CENTRE, INC.

Principal Place of Business	Mailing Address
2919 CORAL SHORE DRIVE FT. LAUDERDALE FL 33306	2919 CORAL SHORE DRIVE FT. LAUDERDALE FL 33306

3. Date Incorporated or Qualified: 07/19/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3525 NW 31 AVE	26 3297 W. OAKLAND PK. BLVD.
22 Suite, Apt. #, etc:	27 Suite, Apt. #, etc:
23 City & State: FT. LAUDERDALE, FL	28 City & State: LAUDERDALE LAKES, FL.
24 Zip: 33309 25 Country: U.S.A.	29 Zip: 33311 30 Country: U.S.A.

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. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDING, SHELDON 101 N.E. 3RD AVENUE IVE SUITE 300 FT. LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, or print name of City, State agent and Title, if applicable) (By OE: Registered Agent signature required when name changes) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JACKSON, ERIC		12 NAME		
STREET ADDRESS	2919 CORAL SHORES DR.		13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		14 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JACKSON, COLIN		22 NAME		
STREET ADDRESS	2919 CORAL SHORES DR.		23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

CR2E034 (3/96)