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CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055957 (1)

BRETTON SERVICE CENTRE, INC.

Principal Place of Business Mailing Address 3297 W. OAKLAND PARK BLVD 3575 NW 31 AVENUE LAUDERDALE LAKES FL 33311-1231 FORT LAUDERDALE FL 33309 3a. Date of Last Report 3. Date Incorporated or Qualified 07/24/1996 07/19/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address APPLIED FOR Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032 Zip Country Zip Yes X No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDING, SHELDON 101 N.E. 3RD AVENUE IVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** 83 FT. LAUDERDALE FL 33301 84 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or procedingment of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12 Change Addition PD DELETE 1.1 TITLE TITLE JACKSON, ERIC 1.2 NAME NAME 2919 CORAL SHORES DR. 1.3 STREET ADDRESS STREET ADORESS FT. LAUDERDALE FL 33308 1.4 CITY-ST-ZIP CITY - ST - ZIF Change Addition DELETE 2.1 TITLE THEF JACKSON, COLIN 2.2 NAME NAME 2919 CORAL SHORES DR. 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33306 2. 4 CITY-\$T-ZIP CHY-ST-76 Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 City - St - ZIP CITY-ST ZiP Change Addition DELETE 5.1 TITLE THE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY - ST - ZIP C1*Y - S1 - Z16 Addition Change ☐ DELETE 61 TITLE TIBLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. Ido 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name