

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000070242

1. Corporation Name

SPRING BREAK, INC.

Principal Place of Business

750 NORTHWEST THIRTY-EIGHTH STREET  
FORT LAUDERDALE FL 33309

Mailing Address

750 NORTHWEST THIRTY-EIGHTH STREET  
FORT LAUDERDALE FL 33309

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90109 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

NOT APPLICABLE

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

STOCKTON, RODNEY M  
750 NORTHWEST THIRTY-EIGHTH STREET  
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

MA

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 *Rodney M. Stockton*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STOCKTON, RODNEY  
STREET ADDRESS 750 N W 38 ST  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE DS ☐ DELETE

NAME MEDRICK, DENISE  
STREET ADDRESS 23359 S W 55TH WAY  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME THOMPSON, TIM  
STREET ADDRESS 1935 SKIDMORE CIR  
CITY-ST-ZIP LAWRENCEVILLE GA

TITLE D ☐ DELETE

NAME GASPERONI, JEAN  
STREET ADDRESS 340 GOLF BROOK CIR #200  
CITY-ST-ZIP LONGWOOD FL

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33309

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33433

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

30224

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1302 MISTY RIDGE COURT  
APOKA, FL. 32712

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rodney M. Stockton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-99, (954)-564-5601  
Daytime Phone #

CR2E034-(11/98)