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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000098019 (9)

1. Corporatio	D & BREAKFAST OF BROV	WARD, INC.		
Principal Place of Business		Mailing Address		THE PARTY AND INTERPRETATION OF THE PARTY OF
		4201 WEST HILLSBORO BO COCONUT CREEK FL 3307		
, w				3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996
Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 5. Section 6.
City & Stat	θ .	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25		30	Florida Statutes Yes Yo
	9. Name and Address of Curre		04	10. Name and Address of New Registered Agent
THE LAW NRM OF LAWRENCE J SPIEGEL CHRTD 81 Name				LARRY BARSKY
	ALMERIA AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable) 4201 WEST HILLSRIVE BL-VD
COF	VAL GABLES FL 30134		83	4201 WEST HILLSBORD BLUD
			1 1	
			84 City	COCOMIT CRECK FL 85 Zip Code \$3073
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the objigations of, Section 607.0505, Florida Statutes. Section 607.0507 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the objigations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature typed or printed name of egistered agrift, and tild of applicable (NOTE Registered Agent				
12.	PD OFFICERS AY	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	JESELNIK, ROY	OLK IL	1.2 NAME	
STREET ADDRESS	4201 WEST HILLSBORO BOU	I FVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2217010	1.4 CiTY - ST - ZiP	
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME :	BARSKY, LARRY		2.2 NAME	
STREET ADDRESS	4201 WEST HILLSBORD BOU	ILEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073		2. 4 Ci1Y - ST - 7iP	
TITLE	SD	DELETE	3.1 TITLE	Change Addition
NAME	HOWARD, STEVE		3.2 NAME	
STREET ADDRESS	4201 WEST HILLSBORD BOU	ILEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	The res	3 4. CITY-ST-ZIP	
TITLE	TD	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SOHMULHOFER, YVONNE	II EVA DO	4, 2 NAME	
STREET ADDRESS	4201 WEST HILLSBORO BOU COCONUT CREEK FL 33073	LEVANU	4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	OGCONOL ONCEN LE 930/3	DELETE	4.4 CHY-SI-ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	is a second of the second of t		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addition
NAME			62 NAME	j
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. I do 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 charged, or on an attachment with an address.