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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041391 (9)

1. Corporation Name  
FLORIDA SUNBREAK, INC.

Principal Place of Business  
4675 PONCE DE LEON BLVD  
SUITE 305  
CORAL GABLES FL 33146

Mailing Address  
4675 PONCE DE LEON BLVD  
SUITE 305  
CORAL GABLES FL 33146-2113



2. Principal Place of Business  
21 169 LINCOLN ROAD

Suite, Apt. #, etc.  
22 306

City & State  
23 MIAMI BEACH, FL.

Zip  
24 33139

Country  
25 USA

2a. Mailing Address  
26 SAME

Suite, Apt. #, etc.

City & State  
28

Zip  
29

Country  
30

3. Date Incorporated or Qualified  
05/07/1986

3a. Date of Last Report

4. FEI Number  
FY65-0667941

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

STINSON, LOUIS JR  
4675 PONCE DE LEON BLVD  
SUITE 305  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name WILLIAM P. SQUIRE, III

82 Street Address (P.O. Box Number is Not Acceptable)  
681 N.E. 70th STREET

83

84 City MIAMI

FL

85 Zip Code 33138

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 of the person whose name is printed as name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME STINSON, LOUIS JR  
STREET ADDRESS 4675 PONCE DE LEON BLVD SUITE 305  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME WILLIAM P. SQUIRE, III  
1.3 STREET ADDRESS 681 N.E. 70th ST  
1.4 CITY-ST-ZIP MIAMI, FL 33138 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 registered agent 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0204387

CR2E034 (9/96)