

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044862 (6)

1. Corporation Name
BREAKROOM OF TENNESSEE, INC.



Principal Place of Business C/O WINDMERE CORPORATION 5980 MIAMI LAKES DRIVE MIAMI LAKES FL 33014	Mailing Address C/O WINDMERE CORPORATION 5980 MIAMI LAKES DRIVE MIAMI LAKES FL 33014-2467
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

4. FEI Number

65-0681375

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/>	DELETE
NAME	FRIEDSON, DAVID M		
STREET ADDRESS	5980 MIAMI LAKES DRIVE		
CITY-ST-ZIP	MIAMI LAKES FL 33014		

TITLE	D	<input type="checkbox"/>	DELETE
NAME	LEE, JOHN A		
STREET ADDRESS	350 WILSON PIKE CIRCLE		
CITY-ST-ZIP	BRENTWOOD TN 37027		

TITLE	D	<input type="checkbox"/>	DELETE
NAME	SCHULMAN, HARRY D		
STREET ADDRESS	5980 MIAMI LAKES DRIVE		
CITY-ST-ZIP	MIAMI LAKES FL 33014		

TITLE	D	<input type="checkbox"/>	DELETE
NAME	HELOU, KAL		
STREET ADDRESS	305 APPOMATTOX DRIVE		
CITY-ST-ZIP	BRENTWOOD TN 37027		

TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					

2.1 TITLE	NCVD	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					

3.1 TITLE	VTD	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					

4.1 TITLE	VSD	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					

5.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					

6.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.2 NAME					
6.3 STREET ADDRESS					
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 changed or in an attachment with an address.

SIGNATURE:  HARRY D SCHULMAN 305 APPOMATTOX DRIVE BRENTWOOD TN 37027

CP2E034 (9/96)