Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90023 032 ***150.00

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 # P97000012186

1. Corporation Name

BREAKTHROUGH INFORMATION SERVICES INC.

POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 2. Adapticed O2/(05/19897 2. Principal Place of Business 3. Date Incorporated or Qualified O2/(05/19897 2. Principal Place of Business 3. Date Incorporated Conditions 3. Septiment Conditions 3. Septiment Conditions 3. Septiment Conditions 3. Date Incorporated Conditions 3. Septiment Conditions 3. Septiment Conditions 3. Date Incorporated Conditions 3. Septiment Conditions 3. Septiment Conditions 3. Septiment Conditions 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 4. EETO, FREDERICK F 4. 1900 S. OCEAN BLVD., UNIT #PH-H 4. POMPANO BEACH FL 33062 4. City 4. Exp. Septiment Conditions 4. File Registered Agent 4. Persuant 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 agent. In a manifest with, and accept the obligations of Sections 807,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In a manifest with, and accept the obligations of Sections 807,0505, Florida Statutes 4. City 4. Election Campaign Statutes 4. File Running With and accept the obligation of Sections 807,0505, Florida Statutes 4. File Running With and accept the obligation of Section 807,0505, Florida Statutes 4. File Running With and accept the obligation of Section 807,0505, Florida Statutes 4. File Running With and accept the obligation of Section 807,0505, Florida Statutes 4. File Running With Agent Condition of Section 807,0505, Florida Statutes 4. File Running With Agent Con	Principal Place	e of Business	Mailing Address			1		
2. Principal Place of Business 2. Mailling Address 2. Principal Place of Business 2. Mailling Address 3. Certificate of Status Desired 4. FEI Number 65-07/29164 Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Sp. 75 Address 7. Certificate of Status Desired 5. Sp. 75 Address 7. Sp. 75 Address 7. Country 7. Country 7. Country 8. This corporation owes the current year intangible Personal Property Tax. 1. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the ourpose of changing its registered 2. OFFICERS AND DIRECTORS 2. OFFICERS AND DIRECTORS 3. Sixeel Address (P.O. Box Number is Not Acceptable) 3. Sixeel Address (P.O. Box Number is Not Acceptable) 4. Sixeel Address (P.O. Box Number is Not Acceptable) 4. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 5. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is Not Acceptable) 6. Sixeel Address (P.O. Box Number is						DO NOT WRITE IN THIS	SPACE	
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country S. Name and Address of Current Registered Agent LETO, FREDERICK F 1900 S. OCEAN BLVD, UNIT #PHH POMPANO BEACH FL 33062 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposa of changing its registered agent. I amendment of migratured accept the origination of off 07.0505. Florida Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered agent. I amendment of migratured accept the origination of 07.0505. Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I amendment of migrature accept the origination of, Section 607.0505. Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I amendment with an adcept the origination of, Section 607.0505. Plorida Statutes. SIGNATURE Signature, typed or prime name or impatient agent and size if impricable. (I/OTE Registered Agent segman required views restation) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE DELETE DELETE DELETE Change Additional Control of the prime in a company of the purpose of the purpose of changing its registered agent. I am a company of the purpose of the pur			D. M. W Addison				ΙΔοι	olied For
Suite, Apt. #, etc.	 _ '	lace of Business	— ·				<u> </u>	
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City & State		#, etc.				5. Certifcate of Status Desired		
Trust Fund Contribution	22			_ :=		S Stantian Communication		
Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Nam	_	0				11		
25 29 30 Personal Property Tax. Yes No	23			Cour	<u></u>			01000
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LETO, FREDERICK F 1900 S. OCEAN BLVD., UNIT #PH-H POMPANO BEACH FL 33062 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LETO, FREDERICK F 12 ITITLE P	<u></u>		— <u> </u>	-	u y	-		DNo
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1900 S. OCEAN BLVD., UNIT #PH-H POMPANO BEACH FL 33062 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City	LETO	COCDEDICK E			Name			
POMPANO BEACH FL 33062 84	1900 S. OCEAN BLVD., UNIT #PH-H				82 Street Add	tress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, are 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 reinstating) DATE								
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				4.3 STF	REET ADDRESS			

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.

4 CITY-ST-ZIP

5.3 STREET ADDRESS

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

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CITY-ST-ZIP

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DELETE

☐ DELETE

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Change

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