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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000087327 (7) DOCUMENT

BRECKENRIDGE INVESTMENTS, INC.

Principal Place of Business Mailing Address ONE FINANCIAL PLAZA SUITE 2626 FORT LAUDERDALE FL 33394 ONE FINANCIAL PLAZA SUITE 2626 FORT LAUDERDALE FL 33394

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						10/09/1997				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	Ap	plied For
21				26				65-0785901		t Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23			28	<u> </u>				Trust Fund Contribution Added to Fees		
Zip	Country			າ ` ⊢າ ີ່		Country		8. This corporation owes or has paid the current		
24			29			<u> </u>		Personal Property Tax due June 30.		No
9. Name and Address of Current Registered Agent							Na	10. Name and Address of New Registered Age	ent	
WORLDWIDE CORPORATE SERVICES, INC.						B1	Name			
ONE FINANCIAL PLAZA SUITE 2626						82	Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33394						-				
				83						ŀ
						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 registerior agent and tillnil applicable (NOTE, Registered Agent signature required when reinstating) DATE										
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12
TITLE	D,P,S	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	1.1 T	TLE			Change	Addition
NAME BARBARA GOLD						1.2 NAME				
STREET ADDRESS	3100 N	. Ocean Blvd.,	#4	#407		1.3 STREET ADDRESS				ľ
CITY-ST-ZIP	Fort I	auderdale, FL	33	33308		1.4 CITY-ST-ZIP				
TITLE	VP			DELETE	2.1 1	TLE			Change	Addition
NAME	STEPHE	N F. GOLDENBER	G	 		2.2 NAME				ì
STREET ADDRESS	One Fi	nancial Plaza,	ັຣນ	Suite 2626		2.3 STREET ADDRESS				
CITY-ST-ZIP	Fort Lauderdale, FL			3394		2. 4 CITY+ST-ZIP				
TITLE				DELETE	3.1 TI	TLE			Change	Addition
NAME				3.2 N		AME				ŀ
STREET ADDRESS				3.3 STREET ADDRES			ADDRESS			
CITY-ST-ZIP	TY-ST-ZIP						T-ZIP		_	1
TITLE				☐ DELETE	4.5 Ti	TLE			Change	Addition
NAME	ME			4.2		4. 2 NAME				
STREET ADDRESS					4.3 S	NEET.	ADDRESS			
CITY-ST-ZIP					4.4 C	TY-SI	r-zip			
TITLE				DELETE	5.1 Ti	TLE			Change	Addition
NAME					5.2 N	AME				1
STREET ADDRESS	TADDRESS			5.3 S		REET.	ADDRESS			
CITY - ST - ZIP					5.4 C	TY- \$1	T-ZIP			
TITLE				☐ DELETE	6.1 1	TLE			Change	☐ Addition
NAME					6.2 N	AME				ł
STREET ADDRESS	1				6.3 S	REET	ADDRESS			
CITY-ST-ZIP						TY-\$1				
14. I hereby	certify that th	e information supplied with	this t	filing does not qualify for	or the exi	empt	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certifies shall have the same legal effect as if made under	that the	information
" "UTO COLOR	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 eath; that I am an									

officer 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.