

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S38627** (3)

1. Corporation Name

BREATHE EASY EQUIPMENT & SERVICES, INC.

95 MAY -1 AM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/19/1991	3a. Date of Last Report 07/21/1994
4. FEI Number 65-0253843	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
6. This Corporation has authority to transact business in all states. Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 6071 N. BAY ROAD MIAMI BEACH FL 33140	2a. Mailing Address 6071 N. BAY ROAD MIAMI BEACH FL 33140
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent BOGIN, BARRY 6071 N. BAY ROAD MIAMI BEACH FL 33140	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (if applicable)

Signature of Registered Agent or Registered Agent in Charge (if applicable)

Signature of Registered Agent or Registered Agent in Charge (if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	BOGIN, BARRY	1. NAME	
STREET ADDRESS	6071 N. BAY RD.	1. STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	1. CITY, ST, ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	BOGIN, LINDA	2. NAME	
STREET ADDRESS	6071 N. BAY RD.	2. STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 this 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.

SIGNATURE:

[Signature]

BARRY BOGIN

24 APRIL 95

305-868-8528

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER