FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:38

DOCUMENT # **V00455** **(8)**

1. Corporate Name
BREITER CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
950 SOUTH WINTER PARK DR. SUITE 325 CASSELBERRY FL 32707	950 SOUTH WINTER PARK DR. SUITE 325 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1991
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21: 523 LOQUAT DR.
22 Suite, Apt. #, etc:
23 City & State: ANNA MARIA, FL.
24 Zip: 34216
25 Country: MANATEE

2a. Mailing Address
26: P.O. BOX 818
27 Suite, Apt. #, etc:
28 City & State: ANNA MARIA, FL.
29 Zip: 34216
30 Country: MANATEE

4. FEI Number: 59-3095327 ☐ 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

BREITER, THOMAS H.
BREITER CAPITAL MANAGEMENT, INC.
950 S. WINTER PARK DR., SUITE 325
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: THOMAS H. BREITER
82 Street Address (P.O. Box Number is Not Acceptable): 523 LOQUAT DR.
83:
84 City: ANNA MARIA, 85 FL Zip Code: 34216

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] THOMAS H. BREITER 01-13-95
(Typed or printed name of person signing) (Title if applicable) (Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PSTD	41 TITLE	☒ Change ☐ Addition
32 NAME	BREITER, THOMAS H	42 NAME	PSTD
33 STREET ADDRESS	950 S. WINTER PARK DRIVE SUITE 325	43 STREET ADDRESS	THOMAS H. BREITER
34 CITY ST ZIP	CASSELBURY FL	44 CITY ST ZIP	523 LOQUAT DR. ANNA MARIA, FL. 34216
35 TITLE		45 TITLE	☐ Change ☐ Addition
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY ST ZIP		48 CITY ST ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY ST ZIP		52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and 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 with an asterisk (*) or other designation indicating status as an officer or director.

SIGNATURE: [signature] THOMAS H. BREITER 01/13/95 (813) 778-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Date) (Telephone Number)

0036074 CP