SECOND AMOUNT DUE	NOTICE: CORPORATION 1 ON OR BEFORE 8/7/96: \$225	WILL BE DISSOLVED ON O (IF DISSOLVED, MINIMUM AI	R AFTER AUGL MOUNT DUE TO F	JST 7, 1996. Reinstate: \$375.)		
	PROFIT	FLOR	DA DEPARTMEN	IT OF STATE		
	RPORATION / JAL REPORT (Sandra B Mor			
	1996	DIVI	Secretary of S SION OF CORPO			
		1449 (0101 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	Trane	1449 (~)			
M&S	BREEDERS, INC.					
Principal Place of Business Mailing Address						
797 S.W. 2ND STREET 797 S.W. 2ND STREET BOCA RATON FL 33486 BOCA RATON FL 33486					Date incorporated or Qualified	3a. Date of Last Report
					06/04/1992	05/01/1995
2. Principal Pi	face of Business	2a. Mailing Adi	dress		4. FEI Number 85-0338082	Applied For
Suite, Apt.	#, etc.	Suite, Apt	¥, etc		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	<u> </u>	27 City & State				Fee Required
23		28	•		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	<u> </u>	Country	8. This corporation has liability to	
24	9. Name and Address of	29 29 Stered Agent	30		Florida Statutes 2 10. Name and Address of New R	Yes No
SH	WARTZ, MARK S.			81 Name		
	S.W. 2ND STREET			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
800	CA RATON FL 33486			83		
				84 City		85 Zip Code
11 Purcuant	to the provisions of Continue	607.0502 4.607.4500.51	7-6			
Office or re	egistered agent, or both, in t m familiar with, and accept t	he State of Florida, Such chain be obligations of, Section 607	iga Statutes, the ige was authoriz	above-named corporation	pration submits this statement for the pon's board of directors. I hereby accep	ourpose of changing its registered bit the appointment as registered
SIGNATURE	mamma with, and accept to	rie obligations of, Section 607	.vovo, monga ot	atutes.		
	Signature typod or printed name of rec	gistered agent and the il applicable CERS AND DIRECTORS	(NOTE Regist	ered Agent signature require		DATE
TITLE	D			TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 (6) Change Addition (7) Change Addition (7)
NAME	SHWARTZ, MARK S.		1:	2 NAME		34(
STREET ADORESS CITY-ST-ZIP	797 S.W. 2ND ST. BOCA RATON FL		1	STREET ADDRESS		2E0
TITLE	00011101101112			1 City - St - Zip 1 Title		Change Addition O
NAME			2:	? NAME		
STREET ADDRESS				STREET ADDRESS		
CITY+ST+ZIP TITLE				4 CITY - ST - ZIP I TITLE		Change Addition
NAME				NAME		
STREET ADDRESS			33	STREET ADDRESS		
CITY - ST - ZIP TITLE			C. F.F.	I. CITY - ST - ZIP I TITLE		Change Addit-on
NAME		_		2 NAME		
STREET ADDRESS			43	STREET ADDRESS		
CITY-ST-ZIP TITLE			C. C. C.	I CITY - ST - ZIP		Change Addition
NAME		ا لیا		NAME		Change Addition
STREET ADDRESS			53	STREET ADDRESS		
CITY-ST-ZIP		<u> </u>		CITY-ST-ZIP		
TITLE NAME				THILE NAME		Change Addition
STREET ADORESS				STREET ADDRESS		j
CITY-ST-ZIP	and the latest at		6.4	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)(k). 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 cathering an office of displaying the exemption.						
made under oath. that I am an officer or director of the corporation or trie receipt or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address						
SIGNATI	URE: IM.	/////			6/1/96	4078635508
	SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNI	OFFICER OR DIRE	CTOR	also la	Daytine Phone