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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS				Secreta	Secretary of State		
1. Corporation		46 (1)					
INC PR	CE BREAKER, INC.						
Principal Place of Business 2900 W SAMPLE RD POMPANO BEACH FL B US		Mailing Address 6797 VIA REGINA BOCA RATON FL 33433-382 US	6797 VIA REGINA BOCA RATON FL 33433-3927		t 1891) BITON BIBAT BITON BIBIT BITTE		
					 Date Incorporated or Qualifie 06/22/1992 	ed 3a, Date of Last Report 04/02/1996	
2. Principal Pl 21	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0346078	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip	Country Zip Cou			try	Trust Fund Contribution a. This corporation has liability Florida Statutes	for intangible tax under s. 199.032,	
24	25 g. Name and Address of Co		101		10. Name and Address of New		
100	HER A		€	1 Name	140		
6797	YVIA REGINA		82 Street Addre		Address (P.O. Box Number is Not Accep	otable)	
BUC	CA RATON FL 33433		8	13	Nervous Marie M		
			6	4 City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections of	7,0502 and 607,1508, Florida Statutes	s, the about	ve-named by the corn	corporation submits this statement for the poration's board of directors. I hereby according to the corporation of the corporat		
_	n familiar will and exact the	obligations of Section 697 0505, Flori	ida Statul	les.	,	8/26/02	
SIGNATURE	Signature: (ype3 or printed name of register	red agent and the if applicable (NOTE:	Registered /	Agent signature	required when reinstating)	DATE	
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
Till F			1.1 TITL	ſ		Change Addition	
NAME	FAVARO, NICOLE 6797 VIA REGINA		1.2 NAM	1			
STREET ADDRESS	BOCA RATON FL		•	EET ADDRESS			
CHY-ST-7IP TITUE	D	DELETE	2.1 TITL	- \$T - 21P		Change Addition	
NAME	LOCHER, BETTY		2.2 NAM	[
STREET ADORESS	6797 VIA REGINA			EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1	Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAM	re			
STREET ADORESS			3.3 STRE	EET ADDRESS			
C/TY+ST-7IP				Y-ST-21P			
THILE		DELETE	4.1 TITLE		}	Change Maddition	
NAME			4. 2 NA				
STREET ADORESS			1	EET ADDRESS (
CITY-ST-Z+P TILLE		DELETE	4.4 CiTY - ST - ZIP 5.1 TITLE			Change Addition	
NAME		Lad Otheric	5.2 NAM			- sango - sandon	
STREET ADDRESS				EET ADDRESS			
City-St-Zip			1	-ST-ZIP			
TITLE		DELETE	6.1 TITL			Change Addition	
NAME			6.2 NAM	16	·		
STREET ADDRESS			63 ST91	FEY ADDRESS	}		

14. I do 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.

6.4 CITY - ST - ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 28 1997 8:00am