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Block 12 or Block 13 if chanded, or on an attachment/with an address

PROFIT Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) BREAKERS 93 OF FLORIDA, INC. Principal Place of Business Mailing Address % GEORGE J. ROSEN % GEORGE J. ROSEN 448 POINCIANA DRIVE 448 POINCIANA DRIVE DO NOT WRITE IN THIS SPACE HALLANDALE FL 33009 HALLANDALE FL 33009 3. Date Incorporated or Qualified 08/27/1992 Principal Place of Business
11836 N. W 2a. Mailing Address Applied For 26 /1836 N.W 65-0352567 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be FRINGS Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 ROSEN, GEORGE J 448 POINCIANA DRIVE 82 HALLANDALE FL 33009 83 84 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 farfillar with, and accept the obligations of Section 607.0505, Florida Statutes. OUTEN SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE 1.1 TITLE Change Addition TITLE ROSEN, GEORGE J 1.2 NAME NAME 448 POINCIANA DR. 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 1.4 CITY-ST-ZIP CITY-S1-ZIP DELETE VDST TITLE 2.1 10 LE ROSEN, VERA 1836 N.W. 9 448 POINCIANA DR. STREET ADDRESS 2.3 STREET ADDRESS HALLANDALE FL 33009 2. 4 CITY-ST-7IP CiTY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 City - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 617IILE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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

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