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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V60436**

1. Corporation Name

BREAKE	RS 93 OF FLORIDA, INC.								
Principal Place	e of Rusiness	Mailing Address				-	IDIR EIBRI DIÖR	BIBH DIDH HODE	
Principal Place of Business 11836 NW 9TH ST CORAL SPGS FL 33071 US		11836 NW 9TH ST CORAL SPGS FL 33071 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						08/27/1992			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	
21		26				65-0352567		lot Applicable	
Suite; Apt; #; etc		Suite, Apt. #, etc				5. Certificate of Status Desired Fee Required			
City & State	e	City & State				6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip 24	Country 25		Cour 30	ntry		This corporation owes the current year In Personal Property Tax.	☐Yes	No	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
POS	EN, GEORGE J			۱'	Name				
11836 NW 9TH ST				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
CORAL SPGS FL 33071			-	83					
0011	Of GO 12 00077			00					
				84	City	FL	.	Code	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was at	uthonzea	DV I	-named corpo the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing it intment as r	egistered egistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if sonicable (NOTE:	Registered a	Agent	signature required	when reinstating) DATE		-	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TIT	LΕ			☐ Change		
NAME	ROSEN, GEORGE J		1.2 NA	ME					
STREET ADDRESS	11836 NW 9TH ST		1.3 STI	REET	ADDRESS			i	
CITY-ST-ZIP	CORAL SPGS FL 33071		1.4 CIT	Y-ST	-ZIP				
TITLE	VDST	☐ DELETE	2.1 TIT	LΕ			Change	☐ Addition	
NAME	ROSEN, VERA		2.2 NA	ME					
STREET ADDRESS	1 .		2.3 STI	REET	ADDRESS	, , , , , , , , , , , , , , , , , , , ,	· • ·-	, · · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	CORAL SPGS FL 33071		2. 4 CI		r-ZIP			FT3 Addition	
TITLE	r.	☐ DELETE	3.1 TIT				Change	Addition	
NAME	;		3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CI		· ZIP		Change	Addition	
TITLE			4.1 III 4. 2 NA					,	
NAME					*DDDECC				
STREET ADDRESS			1		ADDRESS			,	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TIT	_	-ZIP		Change	Addition	
		<u></u>	5.2 NA					_	
NAME STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT	ry-st	-ZIP			}	
TITLE . ***	1	☐ DELETE	6.1 TIT	LE	·		Change	Addition	
NAME	Combination by		6.2 NA	ME	ŀ				
* 35	1		V.2.1.		2				

14. I 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: