

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

①

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 SEP 12 AM 11:32

DOCUMENT # V68146 (2)

1. Corporation Name  
BREAKER ONE NINE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5852 PARSONS ROAD  
MILTON FL 32570

Mailing Address

5852 PARSONS ROAD  
MILTON FL 32570-7807

3. Date Incorporated or Qualified: 09/29/1992  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number: 59-3147675  
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. 189.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

TUCKER, W. RONALD  
5852 PARSONS ROAD  
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PSTD  
NAME: TUCKER, W. RONALD  
STREET ADDRESS: 5852 PARSONS RD  
CITY-ST-ZIP: MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME: 500002296415--4  
1.3 STREET ADDRESS: -09/17/97--01127--017  
1.4 CITY-ST-ZIP: \*\*\*\*165.00 \*\*\*\*165.00

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: W. Ronald Tucker 7/21/97 850-904-623-5499

CR2E034 (9/96)