

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005083 (1)**

1. Corporation Name

**BREAKWATERS INTERNATIONAL INC.**



Principal Place of Business

417 U.S. HIGHWAY 202  
FLEMINGTON NJ 08822

Mailing Address

417 U.S. HIGHWAY 202  
FLEMINGTON NJ 08822

3. Date Incorporated or Qualified  
**11/09/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. F.I. Number  
**62-1377194**

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 Trust Fund Contribution

**\$5.00** May Be Added to Fees

22

27

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

23

Country

28

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDELLI, ALFRED  
3553 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE FL 34982**

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 607.0510 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PC</b>	<input type="checkbox"/> DELETE
NAME	<b>CRETER, RICHARD E</b>	
STREET ADDRESS	<b>417 US HIGHWAY 202</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08822</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FINKEL, PAUL</b>	
STREET ADDRESS	<b>417 US HIGHWAY 202</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08822</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWMAN, CHARLES</b>	
STREET ADDRESS	<b>417 US HIGHWAY 202</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08822</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CRETER, CAMILLE L</b>	
STREET ADDRESS	<b>417 US HIGHWAY 202</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08822</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied was true and voluntarily furnished, and does not qualify for the exemption stated in Section 19.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report was implemented and all reports 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, and that I am authorized 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 in Block 14 if new.

SIGNATURE:

*Richard E. Creter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard E. Creter**

4/30/96

908-806-3612

CR2E084 (12/95)