FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name 676243 (9)THE BARRY FINANCIAL GROUP, INC. Mailing Address Principal Place of Business 40 S.E. 5TH STREET. 6TH FL 40 S.E. 5TH STREET, 6TH FL **BOCA RATON FL 33432-3090** BOCA RATON FL 33432-3090 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1980 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-2012408 Not Applicable Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Yes Yes 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name LERNER, ALLAN M. 2888 E OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 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, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE ĎΡ 1.1 TITLE TITLE 1.2 NAME BARRY, JAMES A., JR NAME 40 SE 5 ST. #600 1.3 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 00000 1,4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - 2IP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE -04/15/98--01042--022 6.2 NAME NAME ***381.25 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/5/94

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 supplienuntal 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.

CITY-ST-ZIP