

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **724447** (8)

1. Corporation Name  
**THE BARCLAY, INC.**



Principal Place of Business: **3546 S. OCEAN BLVD. S. PALM BEACH FL 33480**  
Mailing Address: **3546 S. OCEAN BLVD. S. PALM BEACH FL 33480**

3. Date incorporated or Qualified: **09/25/1972**  
3a. Date of Last Report: **02/23/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>59-1637902</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BECKER, POLIAKOFF * STREITFELD 450 AUSTRALIAN AVE., STE. 720 WEST PALM BEACH FL 33401</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<del>PD</del>	<del>DELETE</del>		1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>MATHEWS, MARTIN</del>			1.2 NAME	<b>Harold T. Kantor</b>		
STREET ADDRESS	<del>3546 S. OCEAN BLVD</del>			1.3 STREET ADDRESS	<b>3546 South Ocean Blvd.</b>		<b>PD</b>
CITY-ST-ZIP	<del>PALM BCH FL</del>			1.4 CITY-ST-ZIP	<b>Palm Beach, Florida 33480</b>		
TITLE	<del>VPD</del>	<del>DELETE</del>		2.1 TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>KANTOR, HAROLD T</del>			2.2 NAME	<b>Milton Ramoy</b>		
STREET ADDRESS	<del>3546 S OCEAN BLVD</del>			2.3 STREET ADDRESS	<b>3546 South Ocean Blvd</b>		<b>VPD</b>
CITY-ST-ZIP	<del>PALM BCH FL</del>			2.4 CITY-ST-ZIP	<b>Palm Beach, Florida 33480</b>		
TITLE	<del>SD</del>	<del>DELETE</del>		3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>BISHOFF, THEODORE</del>			3.2 NAME	<b>Margot M. Roberts</b>		<b>SD</b>
STREET ADDRESS	<del>3546 SO. OCEAN BLVD</del>			3.3 STREET ADDRESS	<b>3546 South Ocean Blvd</b>		
CITY-ST-ZIP	<del>PALM BEACH FL</del>			3.4 CITY-ST-ZIP	<b>Palm Beach, Florida 33480</b>		
TITLE	<del>TD</del>	<del>DELETE</del>		4.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>CHAYKIN, IRVING</del>			4.2 NAME	<b>Irving Chaykin</b>		<b>TD</b>
STREET ADDRESS	<del>3546 SOUTH OCEAN BLVD</del>			4.3 STREET ADDRESS	<b>3546 South Ocean Blvd</b>		
CITY-ST-ZIP	<del>PALM BEACH FL</del>			4.4 CITY-ST-ZIP	<b>Palm Beach, Florida 33480</b>		
TITLE	<del>D</del>	<del>DELETE</del>		5.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>SKALKA, DENA</del>			5.2 NAME	<b>Matti Salomaa</b>		<b>D</b>
STREET ADDRESS	<del>3546 S. OCEAN BLVD.</del>			5.3 STREET ADDRESS	<b>3546 South Ocean Blvd</b>		
CITY-ST-ZIP	<del>PALM BEACH FL</del>			5.4 CITY-ST-ZIP	<b>Palm Beach, Florida 33480</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold T. Kantor Date: 1/5/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Harold T. Kantor Daytime Phone #: (407) 582-9519  
President