

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-1637902  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country  
2a. Mailing Address (25) Suite, Apt. #, etc. (26) City & State (27) Zip (28) Country

9. Name and Address of Current Registered Agent  
BECKER, POLIAKOFF \* STREITFELD  
450 AUSTRALIAN AVE., STE. 720  
WEST PALM BEACH FL 33401

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 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

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, MARGOT	
STREET ADDRESS	3546 S. OCEAN BLVD., #625	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KANTOR, HAROLD T	
STREET ADDRESS	3546 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARROW, LARRY	
STREET ADDRESS	3546 S. OCEAN BLVD., #326	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHAYKIN, IRVING	
STREET ADDRESS	3546 SOUTH OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAUM, DAVID	
STREET ADDRESS	3546 S. OCEAN BLVD., #210	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roberts, Margot TO	
1.3 STREET ADDRESS	3546 S Ocean Blvd #625	
1.4 CITY-ST-ZIP	Palm Beach, FL	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harrow, Leo S	
2.3 STREET ADDRESS	3546 S Ocean Blvd #326	
2.4 CITY-ST-ZIP	Palm Beach, FL	
3.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mathews, Martin VP	
3.3 STREET ADDRESS	3546 S Ocean Blvd #221	
3.4 CITY-ST-ZIP	Palm Beach, FL	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kantor, Harold T. PD	
4.3 STREET ADDRESS	3546 S. Ocean Blvd #817	
4.4 CITY-ST-ZIP	Palm Beach, FL 33480	
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Baum, David T	
5.3 STREET ADDRESS	3546 S. Ocean Blvd. #210	
5.4 CITY-ST-ZIP	Palm Beach, FL 33480	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, President 2/4/98 (561) 582-9519

CR2E037 (10/97)