

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 15 AM 11:10

STATE OF FLORIDA

DOCUMENT # 724447

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
31	26	09/25/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1637902
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BECKER, POLIAKOFF * STREITFELD 450 AUSTRALIAN AVE., STE. 720 WEST PALM BEACH FL 33401	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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	President
NAME	ROBERTS, MARGOT	1.2 NAME	Martin Mathews
STREET ADDRESS	3546 S OCEAN BLVD #625	1.3 STREET ADDRESS	3546 South Ocean Blvd Apt 221
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Florida 33480
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President
TITLE	S	2.2 NAME	Morris Horowitz
NAME	HARROW, LEO	2.3 STREET ADDRESS	3546 South Ocean Blvd Apt 824
STREET ADDRESS	3546 S OCEAN BLVD #328	2.4 CITY-ST-ZIP	Palm Beach Florida 33480
CITY-ST-ZIP	PALM BCH FL 33480		VP
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director
TITLE	VP	3.2 NAME	Theodore Bishoff
NAME	MATHEWS, MARTIN	3.3 STREET ADDRESS	3546 South Ocean Blvd Apt 826
STREET ADDRESS	3348 S OCEAN BLVD #817	3.4 CITY-ST-ZIP	PALM BEACH FLORIDA 33480
CITY-ST-ZIP	PALM BEACH FL		TD
	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary
TITLE	PD	4.2 NAME	Harrow Leo
NAME	KANTOR, HAROLD T	4.3 STREET ADDRESS	3546 So Ocean Blvd # 328
STREET ADDRESS	3546 S OCEAN BLVD #817	4.4 CITY-ST-ZIP	Palm Beach Florida 33480
CITY-ST-ZIP	PALM BEACH FL 33480		S
	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer
TITLE	T	5.2 NAME	Baum, David
NAME	BAUM, DAVID	5.3 STREET ADDRESS	3546 So Ocean Blvd #10
STREET ADDRESS	3546 S. OCEAN BLVD., #210	5.4 CITY-ST-ZIP	PALM BEACH FL 33480
CITY-ST-ZIP	PALM BEACH FL		T
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Martin Mathews PRESIDENT, January 11, 1999 (561) 580-9519
Signature and Title of Filing Officer or Director Date

CR2E037 (11/98)