FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90032 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **F59988**

1. Corporation Name
BARBIZON DELTA CORPORATION

Principal Place of Business	Mailing Address
6833 VISTA PKWY N W PALM BCH FL 33411-2710 US	6833 VISTA PKWY N W PALM BCH FL 33411-2710 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/01/1982

2. Principal Place of Business	2a. Mailing Address
21 2254 NW 93rd Ave.	26 2254 NW 93rd Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami	City & State 28 Miami
Zip 24 FL Country 25 33172	Zip 29 FL Country 30 33172

4. FEI Number: 59-2263570 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LILES, BERNARD, ESQ.
11142 GREEN LAKE DRIVE
BOYNTON BEACH FL 33437

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASE, H LYNCH		1.2 NAME	
STREET ADDRESS	98 FARM ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER, MA 02030		1.4 CITY-ST-ZIP	
TITLE	DTV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RESNICK JONATHAN E.		2.2 NAME	
STREET ADDRESS	426 W 55TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH ABIGAIL L.		3.2 NAME	
STREET ADDRESS	98 FARM ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER MA 02030		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 607, 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: SIGNATURE REQUIRED CASE H. LYNCH 1-18-99 (781)935-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)