FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:53

DOCUMENT # **G12447** **(0)**

1. Corporation Name
BARRISTER, INC.

Principal Place of Business
% SHELDON C. KURLAND, ESQ.
4400 S.W. 95TH AVENUE
DAVIE FL 33328
US

Mailing Address
% SHELDON C. KURLAND, ESQ.
727 NORTHEAST THIRD AVENUE, SUITE 201
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1982
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business: 21
2a. Mailing Address: 26 9853 Pines Boulevard
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23
City & State: 28 Pembroke Pines, FL
Zip: 24
Country: 25
Zip: 29 33024
Country: 30 U.S.A.

4. FEI Number: 59-2238990 — Applied For / Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

KURLAND, ELISSA R.
727 NORTHEAST THIRD AVENUE, SUITE 201
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: ELISSA R. KURLAND
82 Street Address (P.O. Box Number is Not Acceptable): 9853 Pines Boulevard
83
84 City: Davie FL 85 Zip Code: 33024

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	DST	1.1 TITLE	DST	[ ] Change [X] Addition
NAME	KURLAND, SHELDON C.	1.2 NAME	KURLAND, SHELDON C.	
STREET ADDRESS	4400 SW 95TH AVE.	1.3 STREET ADDRESS	4400 S.W. 95th Avenue	
CITY ST ZIP	DAVIE, FL 00000	1.4 CITY ST ZIP	Davie, Florida 33328	
TITLE	DP	2.1 TITLE	DP	[ ] Change [X] Addition
NAME	KURLAND, ROSALIND	2.2 NAME	KURLAND, ROSALIND	
STREET ADDRESS	4400 SW 95TH AVE.	2.3 STREET ADDRESS	4400 S.W. 95th Avenue	
CITY ST ZIP	DAVIE, FL 00000	2.4 CITY ST ZIP	Davie, Florida 33328	
TITLE		3.1 TITLE		[ ] Change [ ] Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		[ ] Change [ ] Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		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 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)(i), Florida Statutes. 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.

SIGNATURE: Sheldon C. Kurland 1/13/95 (305) 436-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0211742 CP