


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

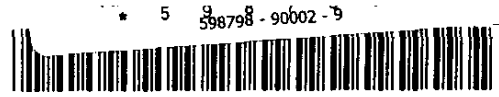
07-30-1999 90002 009 ***550.00

0080041

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # J22915 ✓
 1. Corporation Name
BAR & FERG'S ACADEMY, INC.

Principal Place of Business 200 STERLING AVENUE DELRAY BEACH FL 33444	Mailing Address 200 STERLING AVENUE DELRAY BEACH FL 33444
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 C/O STAHL & ASSOC		07/08/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 138 N. SWINTON AVE		59-2731265	
City & State		City & State		Applied For	
23		28 DELRAY BEACH		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33444		Country	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25		30 FLM BCH		7. \$8.75 Additional Fee Required	
26		31		8. \$5.00 May Be Added to Fees	
27		32		8. This corporation owes the current year Intangible Personal Property.	
28		33		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent BARTEE, PAULINE F 3098 DORSON WAY DELRAY BEACH FL 33445	10. Name and Address of New Registered Agent 81 Name MARY ANN FERGUSON 82 Street Address (P.O. Box Number is Not Acceptable) 200 STERLING AVENUE 83 84 City DELRAY BEACH FL 85 Zip Code 33444
---	--

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 Mary Ann Ferguson DATE 7/22/99
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTEE, PAULINE F.	1.2 NAME	DELETE
STREET ADDRESS	3098 DORSON WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT / TRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, MARY ANN	2.2 NAME	MARY ANN FERGUSON
STREET ADDRESS	3893 S.E. CORTEZ LANE	2.3 STREET ADDRESS	2987 CORTEZ LANE
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROOSEVELT FERGUSON
STREET ADDRESS		3.3 STREET ADDRESS	2987 CORTEZ LANE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	RAMONA ALLEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RAMONA ALLEN
STREET ADDRESS		5.3 STREET ADDRESS	10732 KATMANDU COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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.

SIGNATURE: Mary Ann Ferguson DATE 7/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)