

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

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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L43110** (0)
1. Corporation Name
BARGA INTERIORS, INC.



Principal Place of Business
**2445-B SOUTH THIRD ST
JACKSONVILLE BCH FL 32250
US**

Mailing Address
**1133 HAMLET CT
NEPTUNE BEACH FL 32266-3137
US**

3. Date Incorporated or Qualified: **01/12/1990**
3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-2979666**
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

2. Principal Place of Business
21 **2445-B SOUTH THIRD ST**
Suite, Apt. #, etc.

22
City & State
23 **JACKSONVILLE BCH, FL**

24 **32250** Country
25 **DUVAL**

2a. Mailing Address
26 **1133 HAMLET CT.**
Suite, Apt. #, etc.

27
City & State
28 **NEPTUNE BEACH, FL.**

29 **32266** Country
30 **DUVAL**

9. Name and Address of Current Registered Agent
**BARGA, NICHOLAS M
1133 HAMLET CT.
SUITE A
NEPTUNE BCH FL 32266**

10. Name and Address of New Registered Agent
81 Name: **BARGA, NICHOLAS M.**
82 Street Address (P.O. Box Number is Not Acceptable): **1133 HAMLET CT.**
83
84 City: **NEPTUNE BCH.** FL 85 Zip Code: **32266**

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: *Nicholas M. Barga* **NICHOLAS M. BARGA** 4-29-97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARGA, NICHOLAS M.	
STREET ADDRESS	1133 HAMLET CT	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARGA, CHRISTINE A.	
STREET ADDRESS	1133 HAMLET CT	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Christine A. Barga* **CHRISTINE A. BARGA**

CR2E034 (9/96)