FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47689 (7)

1. Corporation Name
BARTON'S BOOSTERS, INC.

Principal Place of Business	Mailing Address
185 N.W. SPANISH RIVER BLVD. SUITE 120 BOCA RATON FL 33431	185 N.W. SPANISH RIVER BLVD. SUITE 120 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0135990 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1515 N. FEDERAL HWY	26 1515 N. FEDERAL HWY
22 Suite, Apt. #, etc. 222	27 Suite, Apt. #, etc. 222
23 City & State BOCA RATON	28 City & State BOCA RATON
24 Zip 33432 25 Country USA	29 Zip 33432 30 Country USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LESNICK, IRVING I.
HARNETT LESNICK & KAHN P.A.
7251 WEST PALMETTO PARK ROAD
BOCA RATON FL 33433

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	CROHN, FRANK T.	1 2 NAME	
STREET ADDRESS	6001 OLD CLINT MOORE RD	1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	BARTON, WAYNE	2 2 NAME	
STREET ADDRESS	%100 N.W. 2ND AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, TOM	3 2 NAME	
STREET ADDRESS	7251 N. FEDERAL HWY	3 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☒ Change ☐ Addition
NAME	BONITATIBUS, PETER N.	4 2 NAME	
STREET ADDRESS	185 NW SPANISH RIVER BLV	4 3 STREET ADDRESS	1515 N. FEDERAL HWY # 222
CITY-ST-ZIP	BOCA RATON FL	4 4 CITY-ST-ZIP	BOCA RATON, FL 33432
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. 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.

SIGNATURE: [signature] PETER N. BONITATIBUS 2/26/95 407-391-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #