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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N47689 (7)**

1. Corporation Name

BARTON'S BOOSTERS, INC.

Principal Place of Business

Mailing Address

**1515 N FEDERAL HWY
SUITE 222
BOCA RATON FL 33432
US****1515 N FEDERAL HWY
SUITE 222
BOCA RATON FL 33432-1952
US**3. Date Incorporated or Qualified
03/05/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.**26** Suite, Apt. #, etc.**22** City & State**27** City & State**23** Zip

Country

28 Zip

Country

24**25****29****30**4. FEI Number
65-0135990Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CROHN, FRANK T.**
STREET ADDRESS **6001 OLD CLINT MOORE RD**
CITY-ST-ZIP **BOCA RATON FL**TITLE **D** ☐ DELETE
NAME **BARTON, WAYNE**
STREET ADDRESS **%100 N.W. 2ND AVE**
CITY-ST-ZIP **BOCA RATON FL**TITLE **D** ☐ DELETE
NAME **WRIGHT, TOM**
STREET ADDRESS **7251 N. FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL**TITLE **D** ☐ DELETE
NAME **BONITATIBUS, PETER N.**
STREET ADDRESS **1515 N FEDERAL HWY, #222**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter N Bonitatibus* **Peter N Bonitatibus** 1/27/97 561-391-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038903

CR2E037 (9/96)