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

PROFIT CORPORATION ANNUAL REPORT

.1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000028814 (7)

BARRY ENGEL ACCOUNTING & BOOKKEEPING, INC.

~ I										
Zip	Country	Zip	├ ──¬	untry		 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ★ Yes □ No				
4	9. Name and Address of Current	29	30	7		10. Name and Address of New F	·			1
		Luchiere of Vhour		81	Name	10. Hamband Addies Vi Hell I	egistered Ago	<u></u>		{
	GEL, BARRY			Ŭ.						
	50 S HWY 17-92			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)			
	ITE 120 NGWOOD FL 32750			83	·					1
LO	1011000 1 2 32100									1
•				84	City		FL 8	5 Zip C	òde	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florid	a Statutes, the a	bove	named corp	oration submits this statement for the	purpose of cha	inging its	registered	1
agent. La	registered agent, or both, in the State of am familiar with, and accept the obliga	tions of, Section 607.0	0505, Fiorida Sta	itutes	the corporati	on's board of directors. Thereby acc	abi me appoini	Hern as i	egistereu	
SIGNATURE					1					
	Signature, typed or printed name of registered ager				nt elgneture require	ed when reinstating)	DATE	FATAB	0.007.40	ج إ
12.	OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF				18
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DILLE		☐ DE						Change	Addition	1
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STREET ADDRESS			635	STREET	ADORESS					
City-St-Zie			6.4 (CITY-S	r-ZIP					
14. I do hero informati I am an o appears	by certify that the information supplied on indicated on this annual report or sofficer or director of the corporation or in Block 12 or Block 13 if changed, or	d with this filing does r upplemental angual re the receiver of trustee on an attachment wit	not qualify for the eport is true and e empowered to han address.	exec exec	mption stated rate and that ute this repor	I in Section 119.07(3)(i), Florida Statu my signature shall have the same le t as required by Chapter 607, Florida	ies. I further ce gal effect as if n Statutes; and t	tify that t nade und hat my n	the der oath; that ame	
SIGNAT	TURE: SIGNATURE AND TYPED OR	A () L. F	OFFICER OR DIREC	BA	PRY E	NEEL 4-30-97	(40)8:	30 51 e Prone #	835	
	()	1 T O						2047	***	1

FILED
May 28 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 1250 S HWY 17-92 1250 S HWY 17-92 SUITE 120 SUITE 120 LONGWOOD FL 32750 LONGWOOD FL 32750-								
					3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Re	port	
2. Principal Pa	ace of Business	2a. Mailing Addres	SS		4. FEI Number	Apr	olied For	
1]	U	26	1 -		59-3347496		Applicable	
Suite, Apt # 2	F, etc	Suite, Apt. #, e	IG.	•	5. Certificate of Status Desired	\$8.75 Ar	I .	
City & State		City & State			6. Election Campaign Financing	\$5.00 Added to		
3 Zip	Country	28 Zip	Cou	intry	Trust Fund Contribution 8. This corporation has liability for interest in the second			
4	25	29	30	•		res No	100.002	
<u> </u>	9. Name and Address of Curre	····			10. Name and Address of New Regis	itered Agent		
ENG	EL, BARRY			81 Name				
	S HWY 17-92			82 Street Add	Iress (P.O. Box Number is Not Acceptable			
	E 120							
LON	GWOOD FL 32750			83			1	
•				84 City		FL 85 Zip C	ode	
office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the Stat n familiar with, and accept the obli	te of Florida. Such chang	e was authorize	d by the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its he appointment as r	registered egistered	
SIGNATURE ,				1				
12.	Signature, typed or printed name of registered a	agent and title if applicable. ND DIRECTORS	(NOTE: Registere	d Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS	IN 12	
TIFLE				TLF	ADDITIONO/OFFARMED TO OFFICE	Change	Addition	
NAME	BARRY ERGEL 3694 DERBYGHIR CASSCLBERRY	" RESIDEN	1.2 N	-"			_ 4	
STREET ADDRESS	3674 DERBY GAIRT	& ROAD, \$100	1.3 \$1	TREET ADDRESS			T Addition C	
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1)[[-]		☐ DEL	ETE 6.1 TI	TLE		Change	☐ Addition	
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CHY-ST-ZiP				ITY-ST-ZIP	1	14 -44-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
I do hereb	y certify triat the information suppli	ilea with this filing does re	ot quality for the	exemption state	d in Section 119.07(3)(i), Florida Statutes.	i junther certify that t	LIG	