

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V15602** (8)

1. Corporation Name:

BARRETT INVESTMENT GROUP, INC.

Principal Place of Business:

**447 CENTER ISLES
GOLDEN BEACH FL 33160-2255**

Mailng Address:

**447 CENTER ISLES
GOLDEN BEACH FL 33160-2255**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification: **02/20/1992** 3a. Date of Last Report: **07/21/1994**

4. FEI Number: **65-0501868** Applies Fee Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for information under Section 339.01(4), Florida Statutes. Yes No

2. Principal Place of Operations:

21

2a. Mailing Address:

26

22 State Apt. # or:

27 State Apt. # or:

23 City & State:

28 City & State:

24 Zip: 25

29 City, State, Zip: 30

9. Name and Address of Current Registered Agent

**RILEY, PATRICIA
447 CENTER ISLES
GOLDEN BEACH FL 33160**

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 607.02(1) and 607.02(1)(B), 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. Thereby accept the appointment as registered agent. Term Expires: and accept the obligations of Section 607.02(1)(B), Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, PATRICIA	1. NAME	
STREET ADDRESS	447 CENTER ISLES	1. STREET ADDRESS	
CITY, STATE, ZIP	GOLDEN BEACH FL 33160	1.4 CITY, STATE, ZIP	
2. TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY, STATE, ZIP		2.4 CITY, STATE, ZIP	
3. TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3.4 CITY, STATE, ZIP		3.4 CITY, STATE, ZIP	
4. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4.4 CITY, STATE, ZIP		4.4 CITY, STATE, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5.4 CITY, STATE, ZIP		5.4 CITY, STATE, ZIP	
6. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6.4 CITY, STATE, ZIP		6.4 CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked and equally for the corporation stated in Section 119.07(1)(a), 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. This is an official act of the corporation or the corporation's board of directors as set forth in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 10, of this report, or on an affidavit filed with an address.

SIGNATURE: *Patricia Riley*
SIGNATURE AND TYPED ON PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR

5/6/95