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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90119 040 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V15602

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

BARRETT INVESTMENT GROUP, INC.

Principal Place			iling Address CENTER ISLES											
	H FL 33160-2255	GOL	DEN BEACH FL 3316)-2255			İ			0 NOT 11/2	NE IN TH	110 00 40	_	
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2. Principa P	lace of Business		Mailing Address				4.	FEI No					App	lied For
21		26	5					65-09	501868					Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.							- Davisad		\$8	.75 A	ditional
		27	27					Centro	ate of Statu	s Desired		F	ee Red	uired
City & Stat	e		City & State				6.	Electio	n Campaigr	r Financing	, _	\$5	.00	lay Be
23		28						Trust F	und Contrib	oution		A	ded to	Fees
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<u> </u>	9. Name and Add ess of	Current Regist	ered Agent		81	Name	10.	Name	and Addre	SS OT NEW	Registere	a Agent		
RILE	Y, PATRICIA					IVAILLE								
	CENTER ISLES				82	Street A	Address (F	O. Box	Number is	Not Accep	table)			
	DEN BEACH FL 33160				83									
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					84	City					F	85	Zip C	ode
11 Purque at	to the provisions of Sections	607 0502 and 60	7 1508 Elorida Statu	os the al	2016	-named	co moratio	n suhmi	its this state	ment for th			na its r	edistered
office or r	egistered agent, or both, in th	ne State o' Florida	a. Such change was	≀uthorized	∣by t	the corpo	ration's bo	pard of	directors. I h	nereby acc	ept the app	pointment	as reg	istered
agent. I a	m familiar with, and accept th	e obligations of,	Section 607.0505, FI	enda Stati	nes.									
l GIONIATUS→														
SIGNATURE	Signature, typed or printed has select reco	rstered agent and title if	annicable (NOT	I : Registered	Agent	signature re	ogu red when r	reinstating)			DATE			
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		<u>-</u>				t signature re				GES TO O		/ ND DIR		S IN 12
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april 24, 1994

14. I 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 indicate 1 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, with all other like empowered.

TUILE AND TYPED OR P SINTED NAME OF SIGNING OFFICER OR DIRECTOR