

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FIDELITY: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:17

DOCUMENT # V47587

(3)

1. Corporation Name

BARBAR REAL ESTATE COMPANY

Principal Place of Business

Mailing Address

150 E. PALMETTO PARK RD/  
SUITE 645  
BOCA RATON FL 33432  
US

150 E. PALMETTO PARK RD.  
SUITE 645  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0362356

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBAR, ANDREW G  
150 E. PALMETTO PARK ROAD  
SUITE 645  
BOCA RATON FL 33432

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BARBAR, ANDREW G  
STREET ADDRESS 150 EAST PALMETTO PARK ROAD, SUITE 645  
CITY - ST - ZIP BOCA RATON FL 33432

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

Signature typed or printed name of signing officer or director

6-8-95 407.368-0838

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # V47981

(8)

1. Corporation Name

STEVE COVEY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

490-C BUENA VISTA  
NOKOMIS FL 34275

490-C BUENA VISTA  
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

08/30/1994

4. FEI Number

59-3133584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANKIN, DOUGLAS L.  
590 11TH ST., SOUTH  
NAPLES FL 33940

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

Signature (typed or printed name of registered agent and title of applicant)

20311 Registered Agent signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

D  
COVEY, STEPHEN  
8725 PEGGY AVE  
SARASOTA FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

11807 36TH AVE W.  
BRADENTON, FL 34210

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report as 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Covey

6/12/95

(813) 966-3920

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PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandria B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1995 6-15-95

B-7310

C

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 15 1995

DOCUMENT # V48228

(3)

1. Corporation Name

G. KORDIS AUTO BROKERS, INC.

Principal Place of Business

Mailing Address

5500 BOWLINE BEND  
NEW PORT RICHEY FL 34652  
US

5500 BOWLINE BEND  
NEW PORT RICHEY FL 34652  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1992

3a. Date of Last Report

04/01/1994

4. FEI Number

59-3135298

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.042,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1401 49th St South

26 1401 49th St South

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

23 Gulfport FL

27 City & State

28 Gulfport FL

Zip

24 33707

Country

25 USA

Zip

29 33707

Country

30 USA

9. Name and Address of Current Registered Agent

KORDIS, JAMES  
2530 U.S. HIGHWAY NORTH  
HOLIDAY FL 34690

New  
Address →

10. Name and Address of New Registered Agent

81 Name

James Kordis

82 Street Address (P.O. Box Number is Not Acceptable)

83 4920 Galleon Court

84 City

New Port Richey FL

85 Zip Code

34652

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

Signature, typed or printed name of registered agent and title (application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV

NAME

KORDIS, GEORGE

STREET ADDRESS

4920 GALLEON COURT

CITY ST ZIP

NEW PORT RICHEY FL

TITLE

DP

NAME

KORDIS, SALLY JANE

STREET ADDRESS

4920 GALLEON COURT

CITY ST ZIP

NEW PORT RICHEY FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

DV

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

6501 27th Ave N  
St Petersburg FL 33710

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

DP  
6501 27th Ave N  
St Petersburg FL 33710

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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 liquidator 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

May 30, 1995 (8/3) 301 8103