

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V67742** (9)
1. Corporation Name
BARNETT & BARNARD, P.A.



Principal Place of Business
**19 WEST FLAGLER STREET
SUITE 618
MIAMI FL 33130**

Mailing Address
**19 WEST FLAGLER STREET
SUITE 618
MIAMI FL 33130**

2. Principal Place of Business
21 **800 S.E. 3RD AVE**
22 Suite, Apt. #, etc. **301**
23 City & State **Ft. Lauderdale FL**
24 Zip **33316** 25 Country

2a. Mailing Address
26 **800 S.E. 3RD AVE**
27 Suite, Apt. #, etc. **301**
28 City & State **Ft. Lauderdale FL**
29 Zip **33316** 30 Country

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **11/30/1995**
4. FEI Number **65-0619879** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BARNETT, L. KENNETH
800 S.E. 3RD AVENUE, SUITE 301
FT. LAUDERDALE FL 33316**

81 Name **BARNETT, L. KENNETH**
82 Street Address (P.O. Box Number is Not Acceptable)
800 S.E. 3RD AVE, SUITE 301
83
84 City **FT. LAUDERDALE** 85 Zip Code **FL 33316**

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 of Registered Agent

Signature of New Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNETT, L. KENNETH	
STREET ADDRESS	5401 TAYLOR STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BARNARD, STEVEN M.	
STREET ADDRESS	5015 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE: SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96 (954) 463-3449

CR2E034 (12/95)