

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 AM 11:24

DOCUMENT # P94000067689 (7)

1. Corporation Name

BARRY ALLEN & ASSOCIATES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3752 GORHAM WAY
BOCA RATON FL 33487

3752 GORHAM WAY
BOCA RATON FL 33487

3. Date Incorporated or Qualified **09/12/1994** 3a. Date of Last Report **N/A**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

4. FEI Number **65-0519601** Applied For Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, BARRY
3752 GORHAM WAY
BOCA RATON FL 33487**

01 Name

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

03

04 City

FL

05 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 Applies to Current Registered Agent and Officer)

(Signature Applies to New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
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
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

1. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**BARRY ALLEN P/D
3752 GORHAM WAY
BOCA RATON, FL 33487**

**S/T/D
BARRY ALLEN
3752 GORHAM WAY
BOCA RATON, FL 33487**

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.017(1)(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. 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 addition.

SIGNATURE: *Barry Allen* **BARRY ALLEN**
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

1/10/95 **(407) 241 7344**
DATE REGISTERED AGENT