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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000051793 (6)

DOCUMENT # PS 1. Corporation Name BARCORP REALTY, INC.

Principal Place of Business	
8518 COUNTESS AVE. CIRCLE PALMETTO FL 34221	

Mailing Address

8518 COUNTESS AVE. CIRCLE PALMETTO FL 34221



THE TOTAL	· • · • · •					3. Date Incorporated or Qualified 07/23/1993	3a. Date of La 05/01	1/1995	
Principal Place of Business 2a. Mailing Address					4. FEI Number NOT APPLICABLE	ļ	Applied For		
		26				NOT APPLICABLE	.	Not Applicable 8.75 Additional	
Suite, Apt. #, etc. Suite, A			ite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be Added to Fees	
3 Zip	Country	Zip		Country		8. This corporation has liability for Florida Statutes	or intangible tax und es D Mo	der s 199,032,	
4	25	29	30	<u> 1 – </u>		10. Name and Address of New		nt	
	9. Name and Address of Currer	it Registered Agent		81	Name	10, Name and Address of the			
	•			0.					
BRUCE, LISBETH P				82	82 Street Address (P.O. Box Number is Not Acceptable)				
	h street west			83					
BRADEN	ITON FL 34205							_ _	
				84	City		₽ I 85	5 Zip Code	
					L	oration submits this statement for the part of directors. I hereby accept the ap	ouroose of changin	no its registered office	
CICAIATURE	n, and accept the obligations of, Sec			legistered Age	nt signature requ	ired when reinstating	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO O			
TITLE	P	DE1	.ETE	1 1 TITLE			☐ C	hange Addition	
NAME	ROUSSEAU, BARRY R			1.2 NAME	ļ				
STREET ADDRESS	8502 COUNTESS AVE CIR.			1.3 STREE	I ADDRESS				
CITY-ST-ZIP	PALMETTO FL			1.4 CITY-	SI-ZIP		<u> </u>	change Addition	
TITLE	ST	☐ DE	.ETE	2 1 TITLE			П·	nange	
NAME	ROUSSEAU, CLAIRE S			2.2 NAME	Į				
STREET ADDRESS	8502 COUNTESS AVE CIR			23 STREE	T ADDRESS				
CITY - ST - ZIP	PALMETTO FL			24 C(TY-				Change Addition	
TITLE		DE1	.EIŁ	3 1 THILE			<u>. </u>		
NAME				3.2 NAME					
STREET ADDRESS				•	ET ADORESS				
City-St-7iP			ETE	3 4 CITY-				Change Addition	
TITLE		□ DE	TEIE						
NAME				4.2 NAME	1 ADDRESS				
STREET ADDRESS				1					
CITY - ST - ZIP		[] DE	LETE	4.4 CiTY- 5 1 TITL				Change	
TITLE			CLIC	5.2 NAM					
NAME					ET ADDRESS				
STREET ADDRESS				5.4 C(TY	l				
CITY-ST-ZIP			LETE	6 1 TITL				Change	
TITLE				6.2 NAM					
NAME					ET ADDRESS				
STREET ADDRESS	1								
-				0.4.000	CT 7/D	ity for the exemption stated in Section			

4. 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: Flunder 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 or changed, or on an attachment with an address.

SIGNATURE:

C. S. ROUSSEAL

4/23/96

941-729-7499

CR2E034 (12/9)