

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90023 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 546702

1. Corporation Name
BARNES, VAN VORST, REPOSA, GOSNELL & INDOWSKY, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 2929 EAST COMMERCIAL BLVD.
 SUITE 409
 FT. LAUDERDALE FL 33308-4296

Mailing Address
 2929 EAST COMMERCIAL BLVD.
 SUITE 409
 FT. LAUDERDALE FL 33308-4296

3. Date Incorporated or Qualified
08/18/1977

4. FEI Number
59-1744054

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

BARNES, JOSEPH B. JR.
2929 E. COMMERCIAL BLVD.
SUITE 409
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNES, JOSEPH B, JR	
STREET ADDRESS	2929 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VAN VORST, JOHN E	
STREET ADDRESS	2372 NE 30 COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	INDOWSKY, HYMAN	
STREET ADDRESS	3925 NE 22ND AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REPOSA, RICHARD	
STREET ADDRESS	2375 NE 29TH ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOSNELL, THOMAS G.	
STREET ADDRESS	6421 N.E. 21ST RD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van Vorst, John E.
2.3 STREET ADDRESS	1800 S. Ocean Blvd.
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Reposa, Richard
4.3 STREET ADDRESS	2375 NE 29th Street
4.4 CITY-ST-ZIP	Lighthouse Point, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Barnes 1/18/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)