

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 29 AM 11:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 553952 (3)
 1. Corporation Name
BARRON INTERNATIONAL SALES, INC.



Principal Place of Business Mailing Address
P.O. BOX 3487 VERO BEACH FL 32964 **P.O. BOX 3487 VERO BEACH FL 32964**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	551 Cypress Road	26	551 Cypress Road	10/05/1977	04/15/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1771128	Not Applicable
22	City/State	27	City/State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Vero Beach FL	28	Vero Beach, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip 32963	25	Country USA	29	30
				3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINDGREN, CARL J., JR. 551 CYPRESS ROAD VERO BEACH FL 32963				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAUTH, CHRISTINA L			1.2 NAME			
STREET ADDRESS	665 CYPRESS ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963			1.4 CITY-ST-ZIP			
TITLE	PTSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDGREN JR, CARL J			2.2 NAME			
STREET ADDRESS	551 CYPRESS ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDGREN, CARL J III			3.2 NAME			
STREET ADDRESS	831 WILKINSON STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDGREN, JOHN D.			4.2 NAME			
STREET ADDRESS	11321 TRALEE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDGREN, PRISCILLA M.			5.2 NAME			
STREET ADDRESS	551 CYPRESS ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32963			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 ****165.00 ****165.00

Handwritten initials/signature

14. I do 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.

SIGNATURE *Carl J Lindgren Jr* DATE *7/23/97* FILE NO *553952*

CR2E034 (4/97)

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BARRON INTERNATIONAL SALES, INC.
P. O. BOX 3487
VERO BEACH, FLORIDA 32964

July 23, 1997

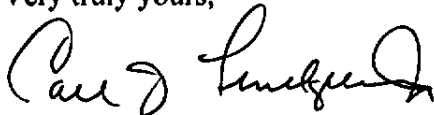
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attn: Annual Reports Filings

I spoke with one of your representatives this morning and informed her that we had received a 2nd Notice Profit Corporation Annual Report Packet on three small family corporations but had never received the original mailings at our P. O. Box here in Vero Beach. She advised that there had been some difficulties with the original mailing and that we should write a note such as this and enclose it with our annual report. Furthermore we could ignore the penalty aspect of the 2nd Notice and just pay the annual fee of \$165.00. She also advised that since there was to be some correspondence along with the annual report that it should be mailed to the above address and not to P. O. Box 1500 as the pre-printed envelope enclosed with the packet mailing requested.

Thanking you in advance, I am,

Very truly yours,



Carl J. Lindgren, Jr.

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