

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 608316 (6)

1. Corporation Name
G.R. BARBATO AND CO., INC.



Principal Place of Business 1280 N LAKE WAY P.O. BOX 28 (PALM BCH 33480) PALM BEACH FL 33480	Mailing Address 1280 N LAKE WAY P.O. BOX 28 (PALM BCH 33480) PALM BEACH FL 33480-0028
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/30/1979	3a. Date of Last Report 04/30/1996
4. FEI Number 59-1885303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BARBATO, GENE R
 1280 N. LAKE WAY
 PALM BCH FL 33480**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBATO, GENE R		1.2 NAME	
STREET ADDRESS 1280 N. LAKE WAY		1.3 STREET ADDRESS	
CITY - ST - ZIP PALM BCH. FL		1.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBATO, JANICE M. JR.		2.2 NAME	
STREET ADDRESS 1280 N. LAKE WAY		2.3 STREET ADDRESS	
CITY - ST - ZIP PALM BCH. FL		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBATO, JANICE M		3.2 NAME	
STREET ADDRESS 1280 N. LAKE WAY		3.3 STREET ADDRESS	
CITY - ST - ZIP PALM BCH. FL		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBATO, EUGENE R. JR.		4.2 NAME	
STREET ADDRESS 38 BARROW SR. 4R		4.3 STREET ADDRESS	
CITY - ST - ZIP NEW YORK N		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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	

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: G.R. Barbato G.R. Barbato, President 4/12/97 561-684-0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)