

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 890 N. Military Trail Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip 24 33415 Country 25 USA	2a. Mailing Address 26 P.O. Box 28 Suite, Apt. #, etc. 27 1280 N. Lake Way City & State 28 Palm Beach, FL Zip 29 33480 Country 30 USA
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3. Date Incorporated or Qualified 01/30/1979	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

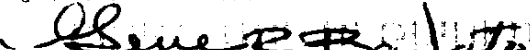
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	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	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	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBATO, EUGENE R. JR.	4.2 NAME	D Barbato, Eugene R. Jr
STREET ADDRESS	38 BARROW SR. 4R	4.3 STREET ADDRESS	21 Quincy Close
CITY-ST-ZIP	NEW YORK N	4.4 CITY-ST-ZIP	Ridgefield, CT 06877
TITLE		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		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 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:



4/28/98 561-684-0087

CR2E034 (10/97)