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

PROFIT CORPORATION ANNUAL REPORT

1997

BARRY TAXI CORP.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 624874

(4)

Mailing Address

Feb 28 1997 8:00am								
Secretary of State								

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2223 PEMBROKE ROAD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020		251						
					3. Date incorporated or Qualified 07/20/1979	3a. Date of Last F	leport	
	race of Business	2a. Mailing Address		······································	4. FEI Number		oplied For	
21		26			59-1927548		of Applicable	
Suite, Apt	#, otc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27			Certificate of Status Desired	Fee Re	equired	
City & Stat	C+	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Ζφ 	Country	Zip	·		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curi	29	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
RAD	AK, BARRY	cit riogisteroo Agont	8.	Name	IV. Hame and Address of New Hey	hatered Algerit		
	3 PEMBROKE ROAD							
	LYWOOD 33020		82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
1102	FILLOOD OOSED		8:	3				
			84	City		FL 85 Zip	Code	
Office of r	to the provisions of Sections 607.0 agistered agent, or both, in the Sta m familiar with, and accept the ob-	sie of Horida. Such change was	s authorized h	v the carpor	orporation submits this statement for the piration's board of directors. I hereby accep	irrose of changing it	s registered registered	
SIGNATURE	Sny aton', typis) to prate misen e stregislined.	agent and title - applicable (NC	OTE: Registered Ad	ent signature reg	guired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		IS IN 12	
IULE	D	DELETE	1.1 TITLE			Change	☐ Addition	
NAME	Barak, Barry		1.2 NAME					
STREET ADORESS	2223 PEMBROKE ROAD		1.3 STREE	T ADDRESS				
CHY-SI-Z(F	HOLLYWOOD FL		14 CITY-	ST-ZiP				
TITLE		☐ DELETE	2 1 THTLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREE	T ADDRESS	·			
CHY-S1-2IP			2. 4 DITY	ST-ZIP				
THLE		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME		•			
STEEL ADDRESS			3.3 STREE	T ADDRESS				
CHY-SI-ZII			3.4. CITY	ST-ZIP		<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHY+SY+ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY -	ST-ZIP				
1111.6		DELETE	5.1 TITLE			L Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
Crity - St - ZiP			5.4 CITY -	ST-ZIP		. 4.4		
THUE		DELETE	6.1 TITLE			☐ Change	Addition	
NAM:			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS			į	
City - St. ZIP			6.4 CITY-	ST-ZIP				

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 indicates 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 officed 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:

Barry Barak
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(954) 923-9999