

FILE NOW: FILING FEE IS \$61.25

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90021 024 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711458

1. Corporation Name
BARRY UNIVERSITY, INC.

Principal Place of Business 11300 N.E. SECOND AVENUE MIAMI FL 33161	Mailing Address 11300 N.E. SECOND AVENUE MIAMI FL 33161
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/08/1966
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0624364
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
O'LAUGHLIN, JEANNE SISTER 11300 NE SECOND AVE MIAMI FL 33161		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREI, JOHN KAREN SISTER	1.2 NAME	
STREET ADDRESS	11300 NE SECOND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, J PATRICK	2.2 NAME	
STREET ADDRESS	275 NE 122ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZERNIEC, TIMOTHY H	3.2 NAME	
STREET ADDRESS	1430 MESSINA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREAS, D. INEZ	4.2 NAME	
STREET ADDRESS	9909 COLLINS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDON, KIRK R.	5.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LAUGHLIN, JEANNE SISTER	6.2 NAME	
STREET ADDRESS	11300 NE SECOND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 617, 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: **SIGNATURE REQUIRED** _____ DATE: **4/28/99** DAYTIME PHONE #: **305-899-3050**

CR2E037 (11/98)