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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996		DI	VISION OF C	CORPORATI	IONS	ĺ				
DOCUI 1. Corporation	MENT #	715507	,	(0)							
BARR	TERRACE, INC	•						f läðiði 1886 í þjóðir Smi	11 8 1(4) 86 10; 4 8 1	8) \$1811 S:314 B(B(8181) 8181/ 81814 1881
Principal Place	e of Business		Mailing Addre	ss							
50 EAST RO)AD		EO EASY DO	240							
	ACH FL 33483		50 EAST RO Delray be	JAU ACH FL 3348	33						
							-	3. Date incorporated or Q	halified	3a. Date of L	net Doood
								11/04/1968	Maillieu		ast Report 3/1995
2. Principal Pla	ace of Business		2a. Mailing Ad	Idress		11074	-	4. FEI Number		OE/E	Applied For
1			26					59-1284354		ļ-	Not Applicable
Suite, Apt. :	#, etc.		Suite, Apt.	. #, etc.				5. Certificate of Status De	sired	□ \$8.	75 Additional
City & State			City & Stat							<u> </u>	ee Required
3	o		28 City & Star	ie				6. Election Campaign Fina			.00 May Be
Z _I p	Cour	ntry	Zip		Country	v		Trust Fund Contribution 6. This corporation has lia		A.C	ided to Fees
4	25		29		30	•		Florida Statutes		ingible tax unde Yes ☐ No	r s. 199.032,
	9. Name and Add	lress of Current f	Registered Agen	nt			1	0. Name and Address o			
					81	Name					
Marsh,					82	Street	Address ((P.O. Box Number is Not A	Acceptable)		
	T ROAD, APT 2-A					50		t Road, Apt.			
DEI DAV	BEACH FL 33483				83	1				-	
PELINA											
DELTIM					84	City				85	Zio Code
		otions 617 0600 or	nd 617 1500 Fla	ido Ototo do	l	′				FL 85	Zip Code
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11. Pursuant to or registers familiar wit	to the provisions of Sec	io diale di rigilda,	, ouch charkle wa	is autrorized	the choire	named se	orporation board of	submits this statement fo directors. I hereby accept	r the purpos the appointr	<u>FL</u>	
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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 ocrporation 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 12 or Block 12 or an attachment with an address.

| GNATURE: | PAUL A PERRY FR 14, 1996 | PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: __