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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715507 (0)

1. Corporation Name

BARR TERRACE, INC.

Principal Place of Business

50 EAST ROAD
DELRAY BEACH FL 33483

Mailing Address

50 EAST ROAD
DELRAY BEACH FL 33483-7037

3. Date Incorporated or Qualified
11/04/1968

3a. Date of Last Report
02/28/1996

4. FEI Number
59-1284354

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

MARSH, DAVID
50 EAST ROAD APT. 7-H
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name PAUL A. PERRY

82 Street Address (P.O. Box Number is Not Acceptable)

83 50 EAST ROAD, APT. 2-A

84 City DELRAY BEACH

FL

85 33483

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

PAUL A. PERRY, PRES.

FEB. 28, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MARSH, DAVID	
STREET ADDRESS	50 EAST ROAD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	☐ DELETE
NAME	PERRY, PAUL A.	
STREET ADDRESS	50 EAST ROAD APT. 2-A	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	☒ DELETE
NAME	HOOD, CAROLINE	
STREET ADDRESS	50 E ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	☒ DELETE
NAME	BUCHANAN, MAY MRS.	
STREET ADDRESS	50 EAST ROAD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	☒ DELETE
NAME	COXHEAD, PETER	
STREET ADDRESS	50 EAST RD #12J	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	PAUL A. PERRY	
1.3 STREET ADDRESS	50 EAST ROAD, APT. 2A	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	☐ Change ☒ Addition
2.1 TITLE	VP/D	
2.2 NAME	JOAN FAIRCLOTH	
2.3 STREET ADDRESS	50 EAST ROAD, APT. 5J	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	☐ Change ☒ Addition
3.1 TITLE	S/D	
3.2 NAME	CAROLINE H. FRANK	
3.3 STREET ADDRESS	50 EAST ROAD, APT. 10-D	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	☐ Change ☒ Addition
4.1 TITLE	T/D	
4.2 NAME	EDWARD SINNOTT	
4.3 STREET ADDRESS	50 EAST ROAD, APT. 4-C	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	☐ Change ☒ Addition
5.1 TITLE	D	
5.2 NAME	JOHN BURKE	
5.3 STREET ADDRESS	50 EAST ROAD, APT. 5-D	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

PAUL A. PERRY, PRES.

FEB. 28, 1997

(561) 278-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/96)