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CO[redacted]ON
ANNU[redacted]EPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:27

DOCUMENT # 724447 (8)

1. Corporation Name
THE BARCLAY, INC.

Principal Place of Business	Mailing Address
3546 S. OCEAN BLVD. S. PALM BEACH FL 33480	3546 S. OCEAN BLVD. S. PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1972
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1637902 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF * STREITFELD
450 AUSTRALIAN AVE., STE. 720
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, MARTIN	12 NAME	Same	
STREET ADDRESS	3546 S. OCEAN BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL	14 CITY-ST-ZIP		D
TITLE	V	21 TITLE	Vice-President	☒ Change ☐ Addition
NAME	BISHOFF, THEODORE	22 NAME	Harold T. Kantor	
STREET ADDRESS	3546 S OCEAN BLVD	23 STREET ADDRESS	3546 S. Ocean Blvd	
CITY-ST-ZIP	PALM BCH FL	24 CITY-ST-ZIP	Palm Beach, FL	D
TITLE	D	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	TANNER, SHERWIN	32 NAME	Theodore Bishoff	
STREET ADDRESS	3546 SOUTH OCEAN BLVD.	33 STREET ADDRESS	3546 So. Ocean Blvd.	
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	Palm Beach, FL	D
TITLE	S	41 TITLE	Treasurer	☒ Change ☐ Addition
NAME	FREEDMAN, MYRON	42 NAME	Irving Chaykin	
STREET ADDRESS	3546 SOUTH OCEAN BLVD	43 STREET ADDRESS	3546 So. Ocean Blvd.	
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	Palm Beach, FL	D
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	BAUM, DAVID	52 NAME	Delete David Baum	
STREET ADDRESS	3546 S OCEAN BLVD	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SKALKA, DENA	62 NAME	Same	
STREET ADDRESS	3546 S. OCEAN BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	64 CITY-ST-ZIP		D

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 is an attachment with an address.

SIGNATURE: Martin Mathews 1/10/95 (401) 582 9519
SIGNATURE AND TITLE OF PRESIDENT, OR OTHER OFFICER OR DIRECTOR — Date — Daytime Phone #
Martin Mathews, President

0061849