2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 29, 2004 8:00 am **Secretary of State DOCUMENT # 724447** 1. Entity Name . 01-29-2004 90015 020 ****61.25 THE BARCLAY, INC. Principal Place of Business Mailing Address 3546 S. OCEAN BLVD. 3546 S. OCEAN BLVD. S. PALM BEACH FL 33480 S. PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1637902 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent والأساء سايجاسا BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) % KENNETH S. DIREKTOR 500 AUSTRALIAN AVE., SOUTH, NINTH FL. WEST PALM BEACH FL 33401 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE KANTOR, HAROLD T NAME NAME 3546 SO OCEAN BLVD APT 817 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP SD Change Addition TITLE ☐ Delete TITLE PAPE, ALPHONSE NAME NAME 3546 S OCEAN BLVD APT323 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-7IP TD 🗷 Delete reasure ★ Change Addition TITLE TITLE Chronheim So Ocean Blud HARROW, LEO ----NAME NAME 3546 S. OCEAN BLVD. APT 326 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP Delete Change : Addition Addition TITLE TITLE Director ABRAMS, STEVEN Harrow 50 Ogean 51 NAME 3546 SO OCEAN BLVD APT 727 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MATHEWS, MARTIN NAME NAME 3546 SO OCEAN BLVD APT 221 STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if

FILED