

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F19834** (3)

1. Corporation Name

BARROW ENGINEERING CORPORATION



Principal Place of Business

**2201 SW 129TH AVENUE
MIAMI FL 33175**

Mailing Address

**2201 SW 129TH AVENUE
MIAMI FL 33175**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**POZEN, IRA
8700 N KENDALL DRIVE
MIAMI FL 33176**

3. Date Incorporated or Qualified

02/16/1981

3a. Date of Last Report

08/18/1995

4. FET Number

59-2114298

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

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 607.1505, 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

Signature of the officer or director of the corporation

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐	DELETE
NAME	BARROW, GLORIA A		
STREET ADDRESS	2201 SW 129TH AVE		
CITY-STATE-ZIP	MIAMI, FL 00000		
TITLE	PD	☐	DELETE
NAME	BARROW, JIMMY D		
STREET ADDRESS	2201 SW 129TH AVE		
CITY-STATE-ZIP	MIAMI, FL 00000		
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐	DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13.

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

8. NAME

8. STREET ADDRESS

8. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐

Change

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Addition

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Change

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Addition

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Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or single event financial 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria Barrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(305) 225-4375

CR2E034 (12/95)