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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F31540 1. Corporation Name

	n H. Barnett, inc.				
Principal Place	of Business	Mailing Address	<u> </u>		it Bilet Bibit dibit bilet bilet bibit fool
•		7142 N.W. 66 TERR			
7142 NW 66TH TERR 7142 N.W. 66 TERR PARKLAND FL 33067 PARKLAND FL 33067					
US	•	US		DO NOT WRITE IN TH	IIS SPACE
	•			3. Date Incorporated or Qualifed	
				04/13/1981	
2 Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2090591	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired .	Fee Required
City & Stat	Α .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
	25		30	Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Curre		-	10. Name and Address of New Registers	ed Agent
	g. Hallo and Addited of California	4	81 Name		
BAR	RÈTT, STEPHEN				
	N.W. 66 TERR		82 Street Add:	ress (P.O. Box Number is Not Acceptable)	
	KLAND FL 33067		83		· 1.3.34 · 1.3.4.35 · 1.4.15 · 4.3.1 · 1.4.15 · 1.4.15 · 1.4.15 · 1.4.15 · 1.4.15 · 1.4.15 · 1.4.15 · 1.4.15 ·
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		. ,	84 City		85 Zip Code
	7.7.7			poration submits this statement for the purpose	L
agent, I a	m familiar with, and accept the oblid:				
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, Flor	Registered Agent signature require		
SIGNATURE	Signature, typed or printed name of registered ago	·	ida Statutes.		AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI V BARNETT, RENEE R	ent and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	AND DIRECTORS IN 12
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14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90003 042 ***150.00