

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90237 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F36910
 1. Corporation Name
DAVID BARTON INTERNATIONAL, INC.



Principal Place of Business 2603 NE 9TH AVE CAPE CORAL FL 33909 US	Mailing Address POST OFFICE BOX 1725 PO BOX 1725 CAPE CORAL FL 33910 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2534 NE 9th Ave Suite, Apt. #, etc. 22 #1 City & State 23 CAPE CORAL FL Zip 24 33909 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 06/01/1981	4. FEI Number 65-0175859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 BARTON, DAVID A.
 2603 NE 9TH AVE
 CAPE CORAL FL 33909

10. Name and Address of New Registered Agent
 81 Name SAME
 82 Street Address (P.O. Box Number is Not Acceptable)
 2534 NE 9th Ave #1
 83
 84 City CAPE CORAL FL 85 Zip Code 33909

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BARTON, DAVID ALAN	
STREET ADDRESS	2603 NE 9TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, MARGARET A	
STREET ADDRESS	2603 NE 9TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARTON, SIMON D	
STREET ADDRESS	5603 NE 9TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARTON DAVID ALAN	
1.3 STREET ADDRESS	2534, NE 9th Ave #1	
1.4 CITY-ST-ZIP	CAPE CORAL FL. 33909	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARTON SIMON D	
3.3 STREET ADDRESS	2534, NE. 9th Ave #1	
3.4 CITY-ST-ZIP	CAPE CORAL, FL. 33909	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: _____ Date: 4/27/99 Daytime Phone #: 94-772-9994

CR2E034 (1/98)