

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F55626 (8)
1. Corporation Name
BAROQUE ASSOCIATES, INC.



Principal Place of Business % HILDA KRESSEL 2308 S.W. 83RD TERRACE FT. LAUDERDALE FL 33324	Mailing Address % HILDA KRESSEL 2308 S.W. 83RD TERRACE FT. LAUDERDALE FL 33324-5342
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2. Principal Place of Business 21 % Bruce C. Sklar Suite, Apt. #, etc. 22 14550 SE 61st Road City & State 23 Oklawaha, FL. Zip 24 32179 Country 25 USA	2a. Mailing Address 26 % Bruce C. Sklar Suite, Apt. #, etc. 27 14550 SE 61st Road City & State 28 Oklawaha, FL. Zip 29 32179 Country 30 USA
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3. Date Incorporated or Qualified 11/23/1981	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2597900	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	

9. Name and Address of Current Registered Agent KRESSEL, HILDA 2308 SW 83RD TERRACE FT. LAUDERDALE FL	
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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	

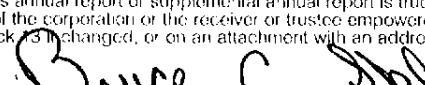
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	SKLAR, BRUCE CHARLES
STREET ADDRESS	R.D. #1 BOX 427
CITY-ST-ZIP	OKLAWAHA FL
TITLE	S
NAME	LAUCHHEIMER, SHERYL
STREET ADDRESS	9-19 6TH STREET
CITY-ST-ZIP	FAIRLAWN NJ
TITLE	D
NAME	KRESSEL, HILDA
STREET ADDRESS	2308 SW 83RD TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	14550 SE 61st Road
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	S
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE:  Bruce C. Sklar 2/1/07 954/472-6193

CR2E034 (9/96)