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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F62360

(5)

BAREFO	OOT MANAGEMENT COMP	PANY					
Principal Plac	e of Business	Mailing Address				- I IBRANKA HAND BANDA NAMAR DANKE BAN	01011 01611 01611 01611 01611 01611 1641 1661
1061 HILLSBO HILLSBORO B		1061 HILLSBORO MILE HILLSBORO BCH FL 33062-2142					
						3. Date Incorporated or Qualified	3a. Date of Last Report
9 Pringing D	lace of Business	On Moiling Address				02/15/1982	02/09/1996
	race or business		2a. Mailing Address 26			4. FEI Number	Applied For
Suite, Apt	#, etc.		Suite, Apt #, etc.			59-2203218	Not Applicable
22	,	}y	27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29		30		Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered /	Agent	81	Mama	10. Name and Address of New Re	gistered Agent
	NSTEN, JOSEPH			•'	Name		
	1 HILLSBORO MILE, A1A			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	SBORO BCH, FL			83			
330	62			"	İ		
				84	City		FL 85 Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 607.00 legistered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607.150 te of Florida. Suc igations of, Secti	8, Florida Statu ch change was on 607.0505, F	ites, the above authorized by iorida Statute	e-named cor y the corpora s.	poration submits this statement for the partition's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
	Signature, typed or pented name of registered a			TE: Registered Age	ent signature requ	ired when reinstating)	DATE
12.		ND DIRECTORS		13.	·····	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD CONCTEN INCERN		L_ DELETE	1.1 TITLE			Change Addition
NAME STORES ADDROGRAM	Konsten, Joseph 1061 Hillsboro Mile			1.2 NAME			
STREET ADDRESS	HILLSBORO BCH. FL			1.3 STREET	· · · ·		
CITY - ST - ZIP TITLE	TRILLODONO DOTI. PE		DELETE	1.4 CITY - 5 2.1 TITLE	51 - ZIP		Change Addition
NAME			Land Octave	2.2 NAME			C change C Auntion
STREET ADDRESS				2.3 STREET	Annuece		f
City - St - Zip				2.3 STREET			
TITLE			DELETE	3.1 TITLE	31-21		Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY - ST - ZIP				3.4. CITY-:	SI-ZIP		
TITLE			DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
C-TY - ST - ZIP				4.4 CITY - S	ST-ZIP		
TITLE			DELETE	5.1 TITLE		.3	Change Addition
NAM:				5.2 NAME			
STREET ADDRESS				5.3 STREET	AODRESS		•
C(1) Y - S1 - Z(P				5.4 CITY - S	ST - ZIP		
TIFLE			DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME		•	
STREET ADDRESS				6.3 STREET	ADDRESS		

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 if changed.

SIGNATURE:

1-28-971-954-941-0100

FILED

Feb 05 1997 8:00am

Secretary of State