

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000828 (5)

1. Corporation Name
BARNFAIR, INC.



Principal Place of Business

% KIN PROPERTIES, INC.
77 TARRYTOWN ROAD
WHITE PLAINS NY 10607-1620

Mailing Address

77 TARRYTOWN RD
STE # 100
WHITE PLAINS FL 10607
US

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
01/31/1995

4. FEI Number
13-2866243

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDELMAN, JEFFREY
4301 N. OCEAN BLVD., #2A
BOCA RATON FL 33431

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

3905 S OCEAN BLVD

83. City

HIGHLAND BEACH

FL

85. Zip Code

33487

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SANDELMAN, JEFFREY

STREET ADDRESS ~~4301 N. OCEAN BLVD., #2A~~

CITY-ST-ZIP BOCA RATON FL 33431

TITLE VDT ☐ DELETE

NAME SANDELMAN, SUSAN

STREET ADDRESS ~~7001 QUEENFERRY CT~~

CITY-ST-ZIP BOCA RATON FL 33490

TITLE D ☐ DELETE

NAME SCHREIER, ALISON

STREET ADDRESS % 77 TARRYTOWN ROAD

CITY-ST-ZIP WHITE PLAINS NY 10607-1620

TITLE S ☐ DELETE

NAME SANDELMAN, JAN

STREET ADDRESS ~~4301 N. OCEAN BLVD., #2A~~

CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 1. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. 1. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. 1. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. 1. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. 1. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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 shareholder 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 attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

9146838080

Date

Daytime Phone #

CR2E034 (12/95)