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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003897

. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

22

BARRIER SYSTEMS, INC.

Principal Place of Business	Mailing Address
1100 EAST WILLIAM STREET. #206 CARSON CITY NV 89701	1100 EAST WILLIAM STREET. #206 CARSON CITY NV 89701

26

27

2a. Mailing Address

Suite, Apt. #, etc.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90082 008 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

08/26/1993

68-0023098

4. FEI Number

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 120 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 120 South PINE ISLAND ROAD PLANTATION FL 33324 120 City 120 City 120 Cotics or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registred agent, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent. I am familiar with, and accept the obligations of statutes. SIGNATURE SIGNATURE 12.	lay Be
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City ITILE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. STREET ADDRESS 17. CHICO COURT 17. Change 18. TWEET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. STREET ADDRESS 19. S	Fees
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City FL 85 Zip Code 67 City FL 85 Zip Code 68 City FL 86 Size Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the aboven-mend corporation submits this statement for the purpose of changing its regist 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatura, typed or provide name of registered agent and list supricable. OFFICERS AND DIRECTORS 11. TITLE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. SIREET ADDRESS CITY-51-2P DUCKETT, JOHN W STREET ADDRESS CARSON CITY NV 89701 TITLE O DELETE 11 TITLE O Change CITY-51-2P TITLE O CONNELL, THOMAS C JR. 31 STREET ADDRESS CARSON CITY NV 89450-4840 12 CARSON CITY NV 89450-4840 13 STREET ADDRESS TITLE O'CONNELL, THOMAS C JR. 31 STREET ADDRESS TITLE O'CONNELL, THOMAS C JR. 32 NAME O'CONNELL, THOMAS C JR. 33 STREET ADDRESS TITLE O'CONNELL, THOMAS C JR. 34 CITY-51-2P TITLE O'CONNELL, THOMAS C JR. 35 STREET ADDRESS TITLE O'CONNELL, THOMAS C JR. 31 STREET ADDRESS TITLE O'CONNELL, THOMAS C JR. 32 NAME 33 STREET ADDRESS TITLE O'CONNELL CARSON CITY NV 238 GRANTS PASS OR 97527 TITLE O'CONNELL CARSON CITY ST-2P TITLE O'CO	ا ٦٠٠
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1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 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 region of time familiar with, and accept the obligations of, section 07.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registed 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 registed agent, and familiar with, and accept the obligations of, section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registred agent and familiar with a submit as a	
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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 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 registed agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE	
### Till 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 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, and familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes. ### Signature, typed or printed name of registered agent and the if applicable. [NOTE. Repetite Agent signature required when reinstating) ### DIVENTIFY CONTROLLS OF THE PROPERTY OF THE PR	
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Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Explered Agent signature required when reinstating) DATE	egistered stered
12.	
TITLE	S IN 12
NAME DUCKETT, JOHN W 12 NAME 4901 NUMAGA PASS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP	Addition
STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
CARSON CITY NV 89701	
TITLE D	
NAME WOOD, EDWIN M 22 NAME 23 STREET ADDRESS 570 CHICO COURT 23 STREET ADDRESS CITY-ST-ZIP INCLINE VILLAGE NV 89450-4840 2.4 CITY-ST-ZIP TITLE STD DELETE 31 TITLE Change Change CITY-ST-ZIP CHANGE	Addition
STREET ADDRESS	
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DELETE STD DELETE S.1 TITLE Change DELETE	
NAME O'CONNELL, THOMAS C JR. 3.2 NAME \$TREET ADDRESS 17600 HWY. 238 3.3 STREET ADDRESS \$CITY-ST-ZIP GRANTS PASS OR 97527 3.4. CITY-ST-ZIP TITLE VP DELETE 4.1 TITLE NAME REED, WILLIAM G \$TREET ADDRESS 935 BLEMER ROAD 4.2 NAME \$TREET ADDRESS CITY-ST-ZIP DANVILLE CA 94526 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE NAME SLADEK, RICHARD 5.2 NAME \$TREET ADDRESS 2461 SOUTHVIEW DRIVE 5.3 STREET ADDRESS	Addition
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STREET ADDRESS 2401 GOOTHVILLY DITTE	
CITY-ST-ZIP ALAMO CA 94507 5.4 CITY-ST-ZIP	The state of
THE CFO	Addition
NAME SANDERS, CHRIS 6.2 NAME	
STREET ADDRESS 180 RIVER ROAD 63 STREET ADDRESS	
CITY-ST-ZIP RIO VISTA CA 94571 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am a supplied with the information supplied with the inf	ormation am an

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:

This findles CHRIS SAMPERS. 3/8/99 707-374-680 (
ATURE AND TYPED SAFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Despired Phone #

(106/11)