

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB 17 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000723 (6)**

1. Corporation Name  
**BARBIZON NATIONAL ADVERTISING COMMITTEE, INC.**

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br><b>1900 GLADES RD.<br/>SUITE 300<br/>BOCA RATON FL 33431</b> | Mailing Address<br><b>1900 GLADES RD.<br/>SUITE 300<br/>BOCA RATON FL 33431</b> |
|---|---|

|  |                               |
|--|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/15/1994</b> | 3a. Date of Last Report       |
| 4. FEI Number<br><b>13-3193989</b>                     | Applied For<br>Not Applicable |

|   |   |
|---|---|
| 21. Principal Place of Business<br><b>2240 Woolbright Rd<br/>Suite, Apt. #, etc.<br/>Suite 300<br/>Bayside Beach FL<br/>Zip 33426</b> | 26. Mailing Address<br><b>2240 Woolbright Rd<br/>Suite, Apt. #, etc.<br/>Suite 300<br/>Bayside Beach FL<br/>Zip 33426</b> |
|---|---|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|  |  |   |                             |
|--|--|---|-----------------------------|
| 9. Name and Address of Current Registered Agent<br><b>WOLFF, BARRY B<br/>1900 GLADES RD.<br/>SUITE 300<br/>BOCA RATON FL 33431</b> |  | 10. Name and Address of New Registered Agent          |                             |
|  |  | 81 Name   |                             |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) | <b>2240 Woolbright Road</b> |
|  |  | 83 City   | <b>Suite 300</b>            |
|  |  | 84 City   | <b>Bayside Beach FL</b>     |
|  |  | 85 Zip Code   | <b>33426</b>                |

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 |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------------|---|--|
| TITLE                      | PT                         | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WOLFF, BARRY B             | 1.2 NAME  |  |
| STREET ADDRESS             | 1900 GLADES RD., SUITE 300 | 1.3 STREET ADDRESS                                    | <b>2240 Woolbright Rd, Suite 300</b>   |
| CITY-ST-ZIP                | BOCA RATON FL 33431        | 1.4 CITY-ST-ZIP                                       | <b>Bayside Beach FL 33426</b>  |
| TITLE                      | D                          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | D'ALESSANDRO, DAVID D      | 2.2 NAME  |  |
| STREET ADDRESS             | 2095 E. BALL RD.           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ANAHEIM CA 92806           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NEMES, CHARLES             | 3.2 NAME  |  |
| STREET ADDRESS             | 541 N. FAIRBANKS CT.       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CHICAGO IL 60811           | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                          | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DELLIPOALA, JOSEPH         | 4.2 NAME  | <b>Director</b>  |
| STREET ADDRESS             | 3296 W. MARKET ST.         | 4.3 STREET ADDRESS                                    | <b>John Urquhaet</b>   |
| CITY-ST-ZIP                | AKRON OH 44333             | 4.4 CITY-ST-ZIP                                       | <b>7535 E. Hampden Ave, Suite 108<br/>Denver, CO 80231</b>                   |
| TITLE                      | D                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SATOSKI, BARBARA           | 5.2 NAME  |  |
| STREET ADDRESS             | 636 E. BRIER DR., #150     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SAN BERNARDINO CA 92408    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 6.2 NAME  |  |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       |  |

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or in an attachment with an addition.

SIGNATURE: *[Signature]* Date: **2/14/95** 407-369-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (b) (6) (b) (7) (C)