

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000000723 (6)

1. Corporation Name

BARBIZON NATIONAL ADVERTISING COMMITTEE, INC.



Principal Place of Business	Mailing Address
2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH FL 33426 US	2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH FL 33426 US

3. Date Incorporated or Qualified 02/15/1994	3a. Date of Last Report 02/17/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 13-319398	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOLFF, BARRY B  
2240 WOOLBRIGHT ROAD  
SUITE 300  
BOYNTON BEACH FL 33426

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	WOLFF, BARRY B	
STREET ADDRESS	2240 WOOLBRIGHT RD, STE. 300	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	D'ALESSANDRO, DAVID D	
STREET ADDRESS	2095 E. BALL RD.	
CITY - ST - ZIP	ANAHEIM CA 92806	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEMES, CHARLES	
STREET ADDRESS	541 N. FAIRBANKS CT.	
CITY - ST - ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> DELETE
NAME	URGUHART, JOHN	
STREET ADDRESS	7535 E HAMPDEN AVE., STE 108	
CITY - ST - ZIP	DENVER CO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SATOSKI, BARBARA	
STREET ADDRESS	636 E. BRIER DR., #150	
CITY - ST - ZIP	SAN BERNARDINO CA 92408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR Tim McCormick
2.3 STREET ADDRESS	4401 W Kennedy Blvd. #290
2.4 CITY - ST - ZIP	Tampa, FL 33609
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DIRECTOR Paul Bartolacci
5.3 STREET ADDRESS	3340 Peachtree Rd NE #120
5.4 CITY - ST - ZIP	Atlanta, GA 30326
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Barry B. Wolff* DATE: 2/6/96 DAY/TIME PHONE #: 407-369-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)