

**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 <b>2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH FL 33426 US</b>	Mailing Address <b>2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH FL 33426 US</b>
--	--

3. Date Incorporated or Qualified <b>02/15/1994</b>	3a. Date of Last Report <b>02/17/1995</b>
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number <b>13-319398</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. 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**

**10. Name and Address of New Registered Agent**

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLFF, BARRY B</b>	
STREET ADDRESS	<b>2240 WOOLBRIGHT RD, STE. 300</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>D'ALESSANDRO, DAVID D</b>	
STREET ADDRESS	<b>2095 E. BALL RD.</b>	
CITY - ST - ZIP	<b>ANAHEIM CA 92806</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>NEMES, CHARLES</b>	
STREET ADDRESS	<b>541 N. FAIRBANKS CT.</b>	
CITY - ST - ZIP	<b>CHICAGO IL 60611</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>URGUHART, JOHN</b>	
STREET ADDRESS	<b>7535 E HAMPDEN AVE., STE 108</b>	
CITY - ST - ZIP	<b>DENVER CO</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SATOSKI, BARBARA</b>	
STREET ADDRESS	<b>636 E. BRIER DR., #150</b>	
CITY - ST - ZIP	<b>SAN BERNARDINO CA 92408</b>	
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	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>Tim McCormick</b>
2.4 CITY - ST - ZIP	<b>4401 W Kennedy Blvd. #290</b>
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	<b>DIRECTOR</b>
5.3 STREET ADDRESS	<b>Paul Bartolacci</b>
5.4 CITY - ST - ZIP	<b>3340 Peachtree Rd NE #120</b>
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: *[Signature]* **Barry B. Wolff** 2/6/96 407-369-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)