
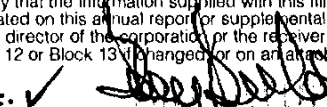


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH FL 33426 US		Mailing Address 2240 WOOLBRIGHT RD SUITE 300 BOYNTON BEACH FL 33426-6364 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, BARRY B	1.2 NAME	
STREET ADDRESS	2240 WOOLBRIGHT RD, STE. 300	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33426-6364	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, TIM	2.2 NAME	
STREET ADDRESS	4401 WEST KENNEDY BLVD, #290	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	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 60611	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URGUHART, JOHN	4.2 NAME	
STREET ADDRESS	7535 E HAMPDEN AVE., STE 108	4.3 STREET ADDRESS	
CITY - ST - ZIP	DENVER CO	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTOLACCI, PAUL	5.2 NAME	
STREET ADDRESS	3340 PEACHTREE ROAD NE, #120	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.			
SIGNATURE: 		561-369-8600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 0041702	



CR2E037 (9/96)