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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000723

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  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/15/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

13-3193988

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  DELETE  
NAME WOLFF, BARRY B  
STREET ADDRESS 2240 WOOLBRIGHT RD, STE. 300  
CITY-ST-ZIP BOYNTON BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME D Composed, Domenic  
1.3 STREET ADDRESS 8318 Pineville-Matthews #265  
1.4 CITY-ST-ZIP Charlotte, NC 28226

TITLE D  DELETE  
NAME MCCORMICK, TIM  
STREET ADDRESS 4401 WEST KENNEDY BLVD, #290  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME NEMES, CHARLES  
STREET ADDRESS 541 N. FAIRBANKS CT.  
CITY-ST-ZIP CHICAGO IL 60611

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME URGUHART, JOHN  
STREET ADDRESS 7535 E HAMPDEN AVE., STE 108  
CITY-ST-ZIP DENVER CO

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BARTOLACCI, PAUL  
STREET ADDRESS 3340 PEACHTREE ROAD NE, #120  
CITY-ST-ZIP ATLANTA GA

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/27/99

561-369-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)