

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002633 (5)

1. Corporation Name
BARBERY ENTERPRISES, INC.



Principal Place of Business
2655 CAPE POINT CIRCLE
JUPITER FL 33477
US

Mailing Address
3655 CAPE POINT CIRCLE
JUPITER FL 33477
US

3. Date Incorporated or Qualified 05/20/1994
3a. Date of Last Report 02/02/1995

2. Principal Place of Business
21 2240 BLUE SPRINGS RD
Suite, Apt. #, etc.

2a. Mailing Address
26 2240 BLUE SPRINGS RD
Suite, Apt. #, etc.

4. FEI Number 22-2191037
Applied For
Not Applicable

22 City & State
23 W.P.B.

27 City & State
28 West Palm Beach, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33411 25 USA

29 33411 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, THOMAS L
112 N. US HWY ONE
TEQUESTA FL 33469

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 675 W. INDIANTOWN RD #103
84 City JUPITER FL 85 Zip Code 33458

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 *Barbara Burke*

(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME BURKE, BARBARA A ☐ DELETE
STREET ADDRESS 3731 SHEARWATER DR
CITY-STATE-ZIP JUPITER FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2240 BLUE SPRINGS ROAD
1.4 CITY-STATE-ZIP WEST PALM BEACH, FL 33411

TITLE D
NAME BURKE, AUBREY P ☐ DELETE
STREET ADDRESS 3731 SHEARWATER DR
CITY-STATE-ZIP JUPITER FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2240 BLUE SPRINGS ROAD
2.4 CITY-STATE-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Burke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407-686-5755
Date Daytime Phone #

CR2E034 (12/95)