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

APPROVED AND FILED
'96 MAY 10 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005810

1. Corporation Name: Bar Kley Financial Corp. Inc

Principal Place of Business / Mailing Address: 100 W. Cypress Creek Rd Ste 630 Ft. Lauderdale Fl 33309

3. Date Incorporated or Qualified: 11-9-94
3a. Date of Last Report:

2. Principal Place of Business
21 100 W. Cypress Creek
22 Suite, Apt. #, etc. 630
23 City & State Ft. Lauderdale, Fl
24 Zip 33309
25 Country Broward

2a. Mailing Address
26 100 W. Cypress Creek Rd
27 Suite, Apt. #, etc. 630
28 City & State Ft. Lauderdale, Fl
29 Zip
30 Country

4. FEI Number: 65-0315129 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Stuart Rubin
6410 N. Nob Hill Lane
Parkland Fl 33076

10. Name and Address of New Registered Agent
81 Name: Stuart Rubin
82 Street Address (P.O. Box Number is Not Acceptable): 100 W. Cypress Creek Rd #630
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE: 5-7-96

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Stuart Rubin	
STREET ADDRESS	6410 N. Nob Hill Lane	
CITY-ST-ZIP	Parkland, Fl 33076	
TITLE	Secretary, Treasurer	☐ DELETE
NAME	Steve Sommerfeld	
STREET ADDRESS	630 W. Cypress Creek	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33309	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-05/17/96--01118--030
****225.00 ****225.00

$75/10

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5-7-96 — Daytime Phone #: 954-487-1555

CR2E034 (12/95)