FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400005810 (6)

BARKLEY FINANCIAL CORP.

Principal Plac	e of Business	Mailing Address	Mailing Address						
	ESS CREEK RD	100 W_CYPRESS CREEK	RD						
600 원 2 0		430-29 8∂0							
FT LAUDERDA	ALE FL 33309	FT LAUDERDALE FL 333	09-2140						•
						3. Date Incorporated or Qualified 11/09/1994		te of Last R 10/1996	eport
	Place of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21		26				65-0548729			t Applicable
Suite, Apt		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	te	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28	.,			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		ountry		8. This corporation has liability or i			. 199.032,
24	25	29	30	.,		Florida Statutes	Yes		
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
	UART, RUBIN			81	Name				
) W. CYPRESS CREEK RD.			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	89 B90			,			·		
FT.	LAUDERDALE FL 33309			83			·		
į				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the	above	-named corp	oration submits this statement for the p	urnose of	changino it	s registered
office or i	registered agent or both, in the State am familiar with land accept the oblig	e of Florida. Such change was	authoriz	ed by	the corporati	ion's board of directors. I hereby accept	t the appo	ointment as	registered
	and detect the oblig	yations of occiton oot 10005, t	iorida ot	acutos	•				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	TE: Registe	red Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13),		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
TITLE	P	☐ DELETE	1.1	TITLE			******	Change	Addition
NAME	RUBIN, STUARTS		1.2	NAME					
STREET ADDRESS	6470 NW 98TH LANE		1.3	STREET	ADDRESS				
CITY-ST-ZiE	PARKLAND FL 33076		1.4	CITY - S1	1 - ZIP				
TITLE	VP	DELETE				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	COUNTY OFFICERS		2.2	2.2 NAME				_ •	
STREET ADDRESS	682 VERONA CT				ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33326			4 CITY - S					
TITLE		DELETE		TITLE	1.41			Change	Addition
NAME		Bosself on the second for		NAME	1			J. 61.61.690	- Tablica
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
TITLE		DELETE		CITY-S	ı- Eir			Change	Addition
NAME				2 NAME				mi nieninge	LTI VOORION
STREET ADDRESS	•				ADDRESS				
	THE PROPERTY OF THE PROPERTY O		,,,,	011,22,					
CITY-ST-ZIP TITLE		DELETE		CITY-S	1-211			Change	Addition
	1	L. DICLIE			+			TI AIRING	Modingy
NAME OVERT ADDRESS OF				NAME					
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP		Dri Ptr		CITY - ST	r-zip				
MILE		DELETE		TITLE		·		Change	Addition
NAME				NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				

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 supplied 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 degiver 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 pranged, or on an attachment with an address.

STUART RUBIN / 1-31-57