

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 26 1998 8:00am  
Secretary of State

01/12/10

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000535 (3)  
1. Corporation Name  
BARTH-SPENCER CORPORATION

Principal Place of Business 3890 PARK CENTRAL BLVD., NORTH POMPANO BEACH FL 33064	Mailing Address 865 MERRICK AVE WESTBURY NY 11590 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 11-2589841		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24	25	29	30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name The Prentice-Hall Corporation System Inc 82 Street Address (P.O. Box Number is Not Acceptable) 83 110 North Magnolia St. 84 City Tallahassee 85 Zip Code FL 32301	
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHKIN, MICHAEL	1.2 NAME	
STREET ADDRESS	865 MERRICK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORACI, JUSTINA	2.2 NAME	
STREET ADDRESS	865 MERRICK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHKIN, LAURA	3.2 NAME	
STREET ADDRESS	865 MERRICK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHKIN, SHEILA	4.2 NAME	
STREET ADDRESS	865 MERRICK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBURY NY	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, MICHAEL	5.2 NAME	President Michael Caputo
STREET ADDRESS	865 MERRICK AVENUE	5.3 STREET ADDRESS	865 Merrick Ave
CITY-ST-ZIP	WESTBURY NY	5.4 CITY-ST-ZIP	Westbury NY 11590
TITLE	P	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHKIN, CARL	6.2 NAME	CEO Carl Ashkin
STREET ADDRESS	865 MERRICK AVENUE	6.3 STREET ADDRESS	865 Merrick Ave
CITY-ST-ZIP	WESTBURY NY	6.4 CITY-ST-ZIP	Westbury NY 11590

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 or changed or on an attachment with an address.

SIGNATURE: *[Signature]* Assistant Secretary 8/19/98

CR2E034 (5/98)