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

PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600003810

BARTER WORLD U.S.A., INC.

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90125 017 \*\*\*150.00



Principal Place	e of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
16116 NORTHGLENN DR.		16116 NORTHGLENN DR.						
TAMPA FL 3361	8	TAMPA FL 33618			DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualifed	OFFICE		1
					. 07/24/1996			
2 Deineinet Di	Is a set Business	2a. Mailing Address			4. FEI Number	Δο	plied For	
	ace of Business	— ·			59-3178548	_ <del>  _ `</del>	t Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.			35 3170340	\$8.75		
	#, <del>8</del> (C.	27			5. Certifcate of Status Desired	Fee Re		l
City & State	• •	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	•	28			Trust Fund Contribution	Added t	•	]
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Int.	angible		1
24	25	29	30		Personal Property Tax.	ŬYes	□No	
24	9. Name and Address of Currer		1001		10. Name and Address of New Registered	Agent		
				81 Name				
HOR	NER, GEOFFREY			. Ot ot A	ddress (P.O. Box Number is Not Acceptable)			
16116 NORTHGLENN DR.			82 Street		duress (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33618	•		83				1
						[de] 7:- (		ĺ
				84 City	FL	85 Zip (		ļ
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove-named c	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	changing its	registered	}
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	autnonzeo orida Stati	d by the corpoi utes.	ration's board of directors. I hereby accept the appoin	IIIIII as Io	gistereu	Ì
SIGNATURE								ļ
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent signature rec	quired when reinstating) DATE			ĺά
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			(11/98)
TITLE	С	DELETE	1.1 11	TLE		☐ Change	☐ Addition	
	HORNER, GEOFFREY							
NAME			1.2 N	AME				13.
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			1,3 ST	TREET ADDRESS		C) Change	- Addition	POEDSA
STREET ADDRESS	16116 NORTHGLENN DR.	☐ DELETE	1.3 ST	TREET ADDRESS		Change	☐ Addition	
STREET ADDRESS	16116 NORTHGLENN DR.	☐ DELETE	1,3 ST	TREET ADDRESS ITY-ST-ZIP TLE		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	16116 NORTHGLENN DR.	☐ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 N	TREET ADDRESS ITY-ST-ZIP TLE		Change	☐ Addition	
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

04 - 12 - 99 (813) 963-/159 Date Date Phone #