

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002224 (0)
 1. Corporation Name
JOSEPH BARTON INC.



Principal Place of Business 225 CENTRAL AVE. FARMINGDALE NY 11735	Mailing Address 225 CENTRAL AVE. FARMINGDALE NY 11735
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-2490938	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCARROLL, CHARLES 1225 SW 4TH AVE. DELRAY BEACH FL 33444				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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]*
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	P/D/C
NAME	BOTKNECHT, JOSEPH	1.2 NAME	Joseph Barton
STREET ADDRESS	115 GREENWOOD DR.	1.3 STREET ADDRESS	116 Greenwood Drive
CITY-ST-ZIP	N. MARSSAPEQUA NY 11758	1.4 CITY-ST-ZIP	N. Massapequa, NY 11758
TITLE	VDC	2.1 TITLE	T/D/C
NAME	BOTKNECHT, BARBARA	2.2 NAME	Barbara Barton
STREET ADDRESS	115 GREENWOOD DR.	2.3 STREET ADDRESS	116 Greenwood Drive
CITY-ST-ZIP	N. MARSSAPEQUA NY 11758	2.4 CITY-ST-ZIP	N. Massapequa, NY 11758
TITLE		3.1 TITLE	
NAME		3.2 NAME	Steven Barton
STREET ADDRESS		3.3 STREET ADDRESS	14 Tallmadge Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Salonga, NY 11768
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **Steven Barton 3/16/98 516 293-2113**

CR2E034 (10/97)