

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90052 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000002224

1. Corporation Name
JOSEPH BARTON INC.



Principal Place of Business Mailing Address
 225 CENTRAL AVE. 225 CENTRAL AVE.
 FARMINGDALE NY 11735 FARMINGDALE NY 11735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1997

4. FEI Number
11-2490938

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MCCARROLL, CHARLES
1225 SW 4TH AVE.
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

TITLE PDC DELETE

NAME **BOTKNECHT, JOSEPH**

STREET ADDRESS **116 GREENWOOD DR**

CITY-ST-ZIP **N. MARSSAPEQUA NY 11758**

TITLE TDC DELETE

NAME **BOTKNECHT, BARBARA**

STREET ADDRESS **116 GREENWOOD DR**

CITY-ST-ZIP **N. MARSSAPEQUA NY 11758**

TITLE V DELETE

NAME **BARTON, STEVEN**

STREET ADDRESS **14 TALLMADGE RD**

CITY-ST-ZIP **FT SALONGA NY 11768**

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 **Barton, Joseph**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **N. MASSAPEQUA**

2.1 TITLE Change Addition

2.2 NAME **Barton, Barbara**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **N. MASSAPEQUA**

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

NOTE:
 Changed last
 Names to
 Barton, & Fix
 Address
 (2nd year requested)

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: Steven Barton 1/5/99 516-293-2113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)