

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

000687

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90129 035 \*\*\*150.00

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # F98000004819**

1. Corporation Name

**WILLIAM BARRIE ASSOCIATES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>156-11 AQUILAR AVENUE<br/>FLUSHING NY 11367</b> | Mailing Address<br><b>156-11 AQUILAR AVENUE<br/>FLUSHING NY 11367</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b> |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b>                            |  | 3. Date incorporated or Qualified<br><b>08/24/1998</b> |  |
|   |  | 4. FEI Number<br><b>11-2072701</b>  |  | Applied For<br>No: Applicable                          |  |
|   |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required                  |  |
|   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees                     |  |
|   |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

9. Name and Address of Current Registered Agent

**BARRIE, WILLIAM  
3377 N.W. 53RD CIRCLE  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

|  |                              |
|--|------------------------------|
| <b>81</b> Name   |                              |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |                              |
| <b>83</b>  |                              |
| <b>84</b> City   | <b>FL</b> <b>85</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PCD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BARRIE, WILLIAM</b>              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3377 N.W. 53RD CIRCLE</b>        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33496</b>          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BARRIE, LUCILLE</b>              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3377 N.W. 53RD CIRCLE</b>        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33496</b>          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ELIAS, ELLEN</b>                 | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1815 215TH STREET</b>            | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BAYSIDE NY 11360</b>             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)