## 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 # G09913**

BARRETT	T HALL, INC.							
Principal Place	of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,		•
2116 GARFIELD ST. 2514 SHERIDAN ST HOLLYWOOD FL 33020 US						DO NOT WRITE IN TH	IS SPACE	
	•						,	<del></del>
						3. Date Incorporated or Qualifed 11/29/1982		* p
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ai	oplied For
21	•	26				59-2256349		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	-		5. Certificate of Status Desired		Additional ————————————————————————————————————
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
<del>-</del>	•	28				Trust Fund Contribution		to Fees
23	Country	Zip	Col	untry		8. This corporation owes the current year	intangible	
Zip		29	30			Personal Property Tax.	Yes	□No
24	25		[30]	T		10. Name and Address of New Registere		
	9. Name and Address of Current	t Registered Agent		81	Name	IV. Hallie and Address of Hew Registers	u rigoni	
WILL	CEC IOUN D	•		1""	Name			
WILKES, JOHN P.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
2100 E.OAKLAND PARK,STE.200						the second of th	Congression	19 14111 (621
F1. L	LAUDERDALE FL 33306			83				
							85 Zip	Code
				1	City	· F	L	
office or reagent. I as	egistered agent, or both, in the State of maniliar with, and accept the obligat	of Florida. Such change was a tions of Section 607.0505. Flo	authorize	d by th	ne corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registere	d Agent s	signature required	when reinstating) DATE	AND DIDECT	ODS IN 42
SIGNATURE	·	it and title if applicable. (NOTE		d Agent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
	Signature, typed or printed name of registered egen OFFICERS AN	t and title if applicable. (NOTE	E: Registere	d Agent s	signature required	tivisti, remember 187	AND DIRECT	ORS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE	E: Registered	d Agent s	signature required	tivisti, remember 187		
12. TITLE	Signature, typed or printed name of registered egen OFFICERS AN	it and title if applicable. (NOTE	13. 1.1 T	d Agent s	signature required	tivisti, remember 187		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN C FARKAS, DAVID A. 2101 N. 53RD AVE.	it and title if applicable. (NOTE	13. 1.1 T 1.2 N	d Agent s TTLE VAME STREET A	ADDRESS	tivisti, remember 187		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN C FARKAS, DAVID A. 2101 N. 53RD AVE. HOLLYWOOD FL	it and title if applicable. (NOTE	13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent s	ADDRESS	tivisti, remember 187		
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14. 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, from an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90017 041 \*\*\*150.00