

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

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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90133 009 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # G23516**

1. Corporation Name  
**BARRY KIVEL INC.**

Principal Place of Business  
**700 COQUINA WAY**  
**BOCA RATON FL 33432**

Mailing Address  
**700 COQUINA WAY**  
**BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4001 N. ocean Blvd.</b> Suite, Apt. #, etc. <b>PH B4</b> City & State <b>Boca Raton, Fla</b> Zip <b>33431</b> Country <b>USA</b>		2a. Mailing Address 26 <b>4001 N. ocean Blvd</b> Suite, Apt. #, etc. <b>PH B4</b> City & State <b>Boca Raton, Fla</b> Zip <b>33431</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>02/10/1983</b>	
22 <b>PH B4</b>		27 <b>PH B4</b>		4. FEI Number <b>59-2253835</b>	
23 <b>Boca Raton, Fla</b>		28 <b>Boca Raton, Fla</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33431</b>		29 <b>33431</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 <b>USA</b>		30 <b>USA</b>		8. This corporation owes the current year ntangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KAGAN, ARNOLD H</b> <b>700 COQUINA WAY</b> <b>BOCA RATON FL 33432</b>		10. Name and Address of New Registered Agent 81 Name <b>Kagan, Arnold H.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4001 N. ocean Blvd. PH B4</b> 83 <b>Boca Raton,</b> 84 City <b>FL</b> 85 Zip Code <b>33431</b>	
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*Address change only*

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIVEL, BARRY</b>	1.2 NAME	
STREET ADDRESS	<b>932 PRINCETON ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA MONICA CA 90403</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIVEL, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>932 PRINCETON ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA MONICA CA 90403</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAGAN, RICHARD M</b>	3.2 NAME	<b>Kagan Richard M</b>
STREET ADDRESS	<b>416 KENT ROAD</b>	3.3 STREET ADDRESS	<b>27 Tweed Blvd.</b>
CITY-ST-ZIP	<b>TENAFLY NJ 07670</b>	3.4 CITY-ST-ZIP	<b>Upper Grandview, N.Y. 10960</b>
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	

*Address change only*

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:

*Barry Kivel* **Barry Kivel** **4/24/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)