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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90016 005 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	IVIEN # H2/30 BARN, INC	T U							
Principal Place of Business Mailing Address							[] ###[#] D.	ioli giali oso:	il dibil ëthii ibbi
7138 STIRLING ROAD 7138 STIRLING ROAD							·		
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024							DO NOT WRITE IN THIS	CDACE	•
							Date Incorporated or Qualifed	SPACE	
		w.					10/26/1984		
2. Principal F	Place of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	7	Applied For
21		26					59-2463265		Not Applicable
Suite, Apt.	. #, etc.		pt. #, etc.				5. Certifcate of Status Desired		Additional Required
City & Sta	to	27 City & S	State				C. Clastica Comparing Financian /		•
23		28	7.0.0				6. Election Campaign Financing Trust Fund Contribution	•	May Be
Zip	Country	Zip		Coun	itry		8. This corporation owes the current year Into		
24	25	29	3	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New Registered	Agent	
СПА	NDIDO TED				81	Name	•		
SHAPIRO, TED 7138 STIRLING ROAD				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33024				H	83		And the second of the second o		3 3 3 3 3
1.0.	2,			[83				
				[84	City	FL	85 Zij	Code
l office or	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such of gations of, Section in	change was aut 607.0505, Florid	thorized da Statul	by ti tes.	he corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing i	ts registered registered
12.		AND DIRECTORS	(11012:11	13.	·yc···	agricial roquii	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PSD		DELETE	1,1 TITL	E			☐ Change	
NAME	SHAPIRO, TED			1.2 NAN	Æ		• •		
STREET ADDRESS	1			1.3 STR	EET	ADDRESS		:	
CITY-ST-ZIP	PLANTATION FL		_	1.4 Cm	/- ST-	ZIP			
TITLE	VTD	l	☐ DELETE	2.1 TITL				☐ Change	Addition
NAME	SHAPIRO, FRANCINE			2.2 NAN					
STREET ADDRESS		ş. *				ADDRESS			
CITY-ST-ZIP TITLE	FLANIAHON FL		DELETE	2. 4 CIT 3.1 TITL		-212	<u> </u>	☐ Change	e 🗍 Addition
NAME				3.2 NAM					_
STREET ADDRESS				3.3 STR	EET A	ADDRESS			
CITY-ST-ZIP				3.4. CIT	Y-ST	-ZIP		·	
TITLE			☐ DELETE	4.1 TITL	E		, , , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME				4. 2 NAM	ΜE				
STREET ADDRESS				4.3 STR	EET/	ADDRESS			
CITY-ST-ZIP				4.4 CITY		ZIP			
TITLE		•	DELETE	5.1 TITL 5.2 NAM			• •	☐ Change	Addition
NAME STREET ADDRESS						ADDRESS	·		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition

CR2E034 (11/98)