

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H92732**

(7)

95 FEB -1 AM 11:55

1. Corporation Name

FAYE BARKER & SON, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

% R. DANIEL KOPPEN
700 NE 90 ST.
NORTH MIAMI BEACH FL 33138-3206

% R. DANIEL KOPPEN
700 NE 90 ST.
NORTH MIAMI BEACH FL 33138-3206

3. Date Incorporated or Qualified
12/30/1985

3a. Date of Last Report
03/11/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0141837

Applied For
 Not Applicable

21. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22. City & State

28. City & State

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

23. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOPPEN, R. DANIEL
700 NE 90 ST.
MIAMI FL 33138-0208

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PST**
NAME: **BARKER, FAYE C.**
STREET ADDRESS: **3701 N COUNTRY DR 1702**
CITY-ST-ZIP: **NORTH MIAMI BCH. FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE: **D**
NAME: **BARKER, FAYE C.**
STREET ADDRESS: **3701 N COUNTRY DR 1702**
CITY-ST-ZIP: **NORTH MIAMI BCH. FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Faye Barker **FAYE BARKER** 1-27-95 1-305-754-5442
Date Daytime Phone