SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J229151

BAR & FERG'S ACADEMY, INC.

Mailing Address

200 STERLING AVENUE

Principal Place of Business

200 STERLING AVENUE DELRAY BEACH FL 3344

FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90002 009 ***550.00

5 S98798 - 90602 - 9

DELRAY BEACH FL 33444		DELRAY BEACH FL 33444		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/08/1986	
a Dissipat Dis	ace of Business	2a. Mailing Address	A A	4. FEI Number Applied For	
	ace of Business	26 CO STAHL	# 11550c		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional	
	4, etc.	27 138 N.SV	LINTON		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
— '	•		BEQCH	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	
	25	29 33444	ر بــــــــــــــــــــــــــــــــــــ		
24	9. Name and Address of Current		, racin D	10. Name and Address of New Registered Agent	
81 Name on a A					
RAR	TEE, PAULINE F				
	B DORSON WAY			Address (P.O. Box Number is Not Acceptable)	
	RAY BEACH FL 33445		83	O STEELING AVENUE	
. VLL	IIAI BERGII I E 00410		65		
			84 City	FL 85 Zip Code 33444	
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 MONA Device of projected parties about and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	p Of Tochayana	DELETE	1.1 TESLE	· Change Addition	
	BARTEE, PAULINE F.	[] DECE IE	1.2 NAME	C orange ranson	
NAME			1.3 STREET ADDRESS	DELETE	
STREET ADDRESS	3098 DORSON WAY				
CITY-ST-ZIP	DELRAY BEACH FL		1.4 City-St-ZIP 2.1 Title	To a superior TRES . To Change Addition	
ŢITLE	FEROMOON! MARWANNE	☐ DELETE \		1/262(08)/-/	
NAME	FERGUSON, MARY ANN		2.2 NAME	Maey DNN FERGUSON -	
STREET ADDRESS	3893 S.E. CORTEZ LANE		2.3 STREET ADDRESS	2987 CORTEZ LANE	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELENY BENCH, FL 33445	
TITLE		L DELETE	3.1 TITLE	SEC Change M Addition Change M Addition	
NAME			. 3.2 NAME	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS			3.3 STREET ADDRESS	2987 CORTES LANE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME	,	
STREET ADDRESS	,		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	20.5.5	DELETE	5.1 TITLE	VICE PRESIDENT Change & Addition	
NAME	,		5.2 NAME	RAMONA ALLEN	
STREET ADDRESS	•	•	5.3 STREET ADDRESS	10732 KATMANON COURT	
CITY-ST-ZiP	•		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
			6.3 STREET AODRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP	,	
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the		section 119.07(3)(i). Florida Statutes. I further certify that the information	
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.

SIGNATURE: May

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/99 Date

Daytime Phone #