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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # .129303

(1)

| 1. Corporation Name THE BARKIN COMPANY  Principal Place of Business  7578 REGENCY LAKE DR BOCA RATON FL 33433-6969  Mailing Address  7578 REGENCY LAKE DR BOCA RATON FL 33433-6969 |   |  |  |                           |                               |   |   |                    |                      |                           |
|--|---|--|--|---------------------------|-------------------------------|---|---|--------------------|----------------------|---------------------------|
| US   |   |  | US   | US                        |                               |   | 3. Date incorporated or Qualified 08/19/1986  |                    | of Last Re<br>5/1996 | aport                     |
| 2. Principal P   | lace of Busin                                       | iess   | <del>⊢</del> ¬                                     | 2a. Mailing Address       |                               |   | 4. FEI Number<br>04-2814430   | 1 0 170            | Ap                   | plied For<br>t Applicable |
| Suite, Apt.  | #, etc.   |  | Suite, Apt.  | Suite, Apt. #, etc.       |                               |   | 5. Certificate of Status Desired  |                    | \$8.75 A             | Additional                |
| 22 City & Stat   | ic  |  | City & State                                       | City & State              |                               |   | 6. Election Campaign Financing  |                    | Fee Re               |                           |
| 23   |   |  | 28   | 28                        |                               |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees |                    |                      |                           |
| Zip  | Country   |  | Zip  |                           |                               | y   | 8. This corporation has liability for   |                    | x under s            | 199.032,                  |
| 24   | 25 29  9 Name and Address of Current Registered Age |  |  |                           | 30                            | Florida Statutes  Yes  10. Name and Address of New Registered Agent |   |                    | jent                 |                           |
| BARKIN, SHIRLEY W.   |   |  |  |                           |                               | Name  |   |                    |                      |                           |
| 7578 REGENCY LAKE DR<br>BOCA RATON FL 33433  |   |  |  |                           | 82                            | Street Add  | Street Address (P.O. Box Number is Not Acceptable)                                  |                    |                      |                           |
| BUCK PATON PL 33933  |   |  |  |                           | 83                            |   |   |                    |                      |                           |
|  |   |  |  |                           | 84                            | City  |   | FL                 | <b>85</b> Zip C      | Code                      |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the  |   |  |  |                           |                               | /e-named co   | rporation submits this statement for the p  | ourpose of c       | hanging its          | s registered              |
| office or I<br>agent. I a  | registered ag<br>am familiar wi                     | gent, or both, in the Stal<br>ith, and accept the obli | te of Florida. Such cha<br>igations of, Section 60 | ange was a<br>7.0505, Flo | authorized b<br>orida Statute | y the corpor<br>s.  | ation's board of directors. I hereby acce   | of the appoin      | ntment as            | registered                |
| SIGNATURE  | · · · · · · · · · · · · · · · · · · ·               |  |  |                           |                               |   |   |                    |                      |                           |
| 12.  | 0.55 0.00 0.00 0.00 0.00 0.00 0.00 0.00             |  |  |                           |                               | ent signature req   | uired when reinstating)  ADDITIONS/CHANGES TO OFFICE                                | DATE<br>CERS AND D | DIRECTOR             | S IN 12                   |
| TITLE  | PST   |  |  | DELETE                    | 13.                           | · · · · · · · · · · · · · · · · · · ·                               | ADDITIONS OF ANALOG TO OFFIC  |                    | Change               | Addition                  |
| NAME   |   | SHIRLEY W.   |  |                           | 1.2 NAME                      | 1   |   |                    |                      |                           |
| STREFT ADDRESS   |   | GENCY LAKE DR  |  |                           | 1.3 STREE                     | 1 ADDRESS   |   |                    |                      | İ                         |
| CITY - ST - ZIP  | BOCA R  | ATON FL  | -  |                           | 1.4 CITY-                     | ST-ZIP  |   |                    |                      |                           |
| TITLE  | D   |  |  | DELETE                    | 2.1 TITLE                     |   |   | Į.                 | Change               | Addition                  |
| NAME   | BARKIN, SHIRLEY W.                                  |  |  |                           | 2.2 NAME                      |   |   |                    |                      |                           |
| STREET ADDRESS   |   | GENCY LAKE DR  |  | 2.3 STREET ADDRESS        |                               | T ADDRESS   |   |                    |                      |                           |
| CITY - ST - ZIP  | BOCA K  | ATON FL  |  | DEL CTC                   | 2. 4 CiTY                     | -ST-ZIP   |   |                    | 7.05                 | Addition                  |
| HITLE  |   |  | السا   | DELETE                    | 3.1 TITLE                     |   |   | L.                 | Change               | Addition                  |
| NAME<br>OVEREZ ADDRESS   | 1   |  | •  |                           | 3.2 NAME                      | 1   |   |                    |                      |                           |
| STREET ADDRESS   |   |  |  |                           |                               | T ADORESS   |   |                    |                      | ļ                         |
| CITY-S1-ZIP<br>TITLE   |   |  | П  | DELETE                    | 3.4. CITY -<br>4.1 TITLE      | 31-21   |   |                    | Change               | Addition                  |
| NAME   |   |  |  |                           | 4. 2 NAMI                     | .   |   | •                  |                      |                           |
| STREET ADDRESS   |   |  |  |                           | 1                             | T ADDRESS   |   |                    |                      |                           |
| CHTY-ST-7P   |   |  |  |                           | 4.4 CiTY-                     | i   |   |                    |                      |                           |
| TIFLE  | *   |  |  | DELETE                    | 51 TITLE                      |   |   | Ľ                  | Change               | Addition                  |
| NAME   |   |  |  |                           | 5.2 NAME                      |   |   |                    |                      |                           |
| STREET ADORESS   |   |  |  |                           | 5.3 STREE                     | T ADDRESS   |   |                    |                      | 1                         |
| CITY-ST-ZiF  |   |  |  |                           | 5.4 CITY-                     | ST-ZIP  |   |                    |                      |                           |
| THILE  |   |  |  | DELETE                    | 6.1 TITLE                     |   |   | T                  | Change               | Addition                  |
| NAME   |   |  |  |                           | 6.2 NAME                      | +   |   |                    |                      |                           |
| STREET ADORESS   |   |  |  |                           | 6.3 STREE                     | T ADDRESS   |   |                    |                      |                           |

14. I do 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:

WILE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 561-338-86 18

**FILED** 

Apr 14 1997 8:00am

Secretary of State