SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

BAROFSKY ENTERPRISES, INC. Principal Place of Business Malling Address 222 LAKEVIEW AVE., #168 222 LAKEVIEW AVE., #168 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1986 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2730212 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAROFSKY, STEPHEN D. 222 LAKEVIEW AVE., #168 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401-3146 83 84 City 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 reinstating) CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DIRECTUR TITLE 1.1 TITLE DELETE Change Addition BAROFSKY, STEPHEN D. NAME 1.2 NAME % 222 LAKEVIEW AVE #168 STREET ADDRESS 1.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP PRESIDENT 2.1 TITLE TITLE DELETE Change BAROFSKY, GAIL 2.2 NAME NAME % 222 LAKEVIEW AVE #168 STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET 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 chapged, or on an attachment with an address.

**FILED** 

Sep 24 1998 8:00am

Secretary of State