

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J41962 (8)

1. Corporation Name

ELECTRONIC BARN, INC.



Principal Place of Business

Mailing Address

200 S SEMORAN BLVD.
ORLANDO FL 32807
US

204 S SEMORAN BLVD.
ORLANDO FL 32807
US

3. Date Incorporated or Qualified
11/05/1986

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERROTTI, FRED
53 DRENNEN RD
ORLANDO FL 32806

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

204 S. SEMORAN BLVD.

83

84 City

ORLANDO

FL

85 Zip Code
32807

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 of or name of registered agent and firm, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ALZNER, FRED
STREET ADDRESS 5843 COVE DR.
CITY-ST-ZIP ORLANDO FL
☐ DELETE

1.1 TITLE P
1.2 NAME ALZNER, FRED
1.3 STREET ADDRESS 5804 ST. PARTIN PL.
1.4 CITY-ST-ZIP ORLANDO, FL 32812
☒ Change ☐ Addition

TITLE S
NAME ALZNER, JENNIFER
STREET ADDRESS 5843 COVE DR.
CITY-ST-ZIP ORLANDO FL
☐ DELETE

2.1 TITLE S
2.2 NAME ALZNER, JENNIFER
2.3 STREET ADDRESS 5804 ST. PARTIN PL.
2.4 CITY-ST-ZIP ORLANDO, FL 32812
☒ Change ☐ Addition

TITLE V
NAME PERROTTI, FRED
STREET ADDRESS 8012 OLD TOWN DR.
CITY-ST-ZIP ORLANDO FL
☐ DELETE

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

TITLE T
NAME PERROTTI, JACQUELINE
STREET ADDRESS 8012 OLD TOWN DR.
CITY-ST-ZIP ORLANDO FL
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/30/96

407-275-2400

CR2E034 (12/95)