


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90104 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J41962

1. Corporation Name
ELECTRONIC BARN, INC.

Principal Place of Business
200 S SEMORAN BLVD.
ORLANDO FL 32807
US

Mailing Address
200 S. DEMORAN BLVD
ORLANDO FL 32807
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2878009	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GIAMMARRUSCO, JOSEPH G 204 S. SEMORAN BLVD ORLANDO FL 32807				10. Name and Address of New Registered Agent	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALZNER, FRED	1.2 NAME	PERROTTI, JOHN
STREET ADDRESS	6504 ST. PARTIN PLACE	1.3 STREET ADDRESS	5427 RUSTIC PINE COURT
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERROTTI, FRED	2.2 NAME	PERROTTI, FRED O.
STREET ADDRESS	8012 OLD TOWN DR.	2.3 STREET ADDRESS	8012 OLD TOWN DRIVE
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VTCO <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERROTTI, ROBERT S	3.2 NAME	PERROTTI, ROBERT S.
STREET ADDRESS	926 GROVESMERE LOOP	3.3 STREET ADDRESS	926 GROVESMERE LOOP
CITY-ST-ZIP	OCEE FL 34761	3.4 CITY-ST-ZIP	OCEE, FL 34761
TITLE	VCFO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change
NAME	ENIX, DAVID	4.2 NAME	
STREET ADDRESS	11313 DAVISON LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	4.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMARRUSCO, JOSEPH	5.2 NAME	GIAMMARRUSCO, JOSEPH
STREET ADDRESS	2956 BAYHEAD RUN	5.3 STREET ADDRESS	1491 RIDGE TOP WAY
CITY-ST-ZIP	OVIDO FL 32765	5.4 CITY-ST-ZIP	CLEARWATER, FL 34625
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MOLINA, JAVIER
STREET ADDRESS		6.3 STREET ADDRESS	3717 CRESCENT PARK BLVD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32812

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)