


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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J66296 (1)

1. Corporation Name
BARRY MOSS, INC.



Principal Place of Business 21915 LAKE FOREST CIRCLE SUITE 201 BOCA RATON FL 33433 US	Mailing Address 21915 LAKE FOREST CIRCLE SUITE 201 BOCA RATON FL 33433-3333 US
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3. Date Incorporated or Qualified 04/03/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 402 LIBERTY COURT Suite, Apt. #, etc. 402 City & State POMPANO FL Zip Country 33073 FL	2a. Mailing Address 26 402 LIBERTY COURT Suite, Apt. #, etc. 402 City & State POMPANO FL Zip Country 33073 FL
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4. FEI Number 59-2801236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOSS, BARRY
 21915 LAKE FOREST CIRCLE SUITE 201
 BOCA RATON FL 33433

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 *Barry Moss*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOSS, BARRY	
STREET ADDRESS	18181 NE 31 CT 2305	
CITY-ST-ZIP	NMB FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	Barry Moss	
1.4 CITY-ST-ZIP	21915 Lake Forrest Circle SUITE 201 Boca Raton, FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARRY MOSS	
3.3 STREET ADDRESS	LIBERTY COURT 402	
3.4 CITY-ST-ZIP	POMPANO FL 33073	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (9/96)