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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

BARTER, INC.

**FILED** Apr 16 1998 8:00am Secretary of State



| Marring Address   Marring Ad   |  |   |   |                               |  |                                     |                 |                    |   |   |             |          |                    |                            |  |
|--|--|---|---|-------------------------------|--|-------------------------------------|-----------------|--------------------|---|---|-------------|----------|--------------------|----------------------------|--|
| ### Application Ft. 3944    Principal Place of Eusines   2a  | Principal Place of Business Mailing Address  |   |   |                               |  |                                     |                 |                    |   | E HOOFBON OOK DINKY DOLDE ARIN ON   | BI HUI VIUI |          |                    | I WINE! 1881               |  |
| ## Principal Place of Business   2a Mailing Address   4. FR Inwinder   Application   |  |   |   |                               |  |                                     |                 |                    |   | DO NOT W  | RITE IN TI  | HIS SPAC | E                  |                            |  |
| 22, Principal Places of Riskinces   22, Making Address   4, FEI Number   Applied For   State   |  |   |   |                               |  |                                     |                 |                    |   | <b>'</b>  | ∍d          |          |                    |                            |  |
| Suite, Apt 4, etc.  27 28 29 20 City & Stato | 2. Principal P   | lace of Business  | · · · · · · · · · · · · · · · · · · ·                     | 2a. Mailing Address           |  |                                     |                 |                    |   |   |             | Ap       | plied For          |                            |  |
| City & State  Reported Property Address of City City & Address of City City & State  STEWART, LAMES M.  STEWARD, Law Company of City City & State M.  STEWARD, Law City & State Law City City City City City City City City  | 21   |   |   | 26                            |  |                                     |                 |                    |   | 65-0107360  |             | [        | No                 | t Applicable               |  |
| City & State   City   | _  | #, etc.   |   | Suite, Apt. #, etc.           |  |                                     |                 |                    |   | 5. Certificate of Status Desired  |             |          |                    |                            |  |
| 28   | 22   |   |   |                               |  |                                     |                 |                    |   |   |             |          |                    | <del>`</del>               |  |
| Zip   Country   Zip   30   Sections   20   Sections   20   Sections   20   Sections   20   Sections   20   Secti   | <del>_</del>   |   |   |                               |  |                                     |                 |                    |   | · · ·   |             |          |                    |                            |  |
| Personal Property Tox clue June 30   |  |   |   |                               | 4 · · ·  |                                     |                 |                    |   |   |             |          |                    |                            |  |
| STEWART, JAMES M.  STEWART, JAMES M.  1211 THE PLAZA SINGER ISLAND FL 33404  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0507 and 607 1506, Florids Statutes, the above named corporation submits this statement for the purpose of changing as registered office or registered agent. or both, in the State of Florids. Stanties, such change was authorised by the corporation submits this statement for the purpose of changing as registered office or registered agent. or both, in the State of Florids. Stanties, such change was authorised by the corporation submits this statement for the purpose of changing as registered office or registered agent. or both, in the State of Florids. Stanties share authorised by the corporation submits this statement for the purpose of changing as registered office or registered agent. or both, in the State of Florids. Stanties shares  SIGNATURE  11. Pursuant to the provisions of Sections 607 0500, florids Stanties.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST. 2P  17. LACTY ST. 2P  18. LACTY ST. 2P  18. LACTY ST. 2P  19. LACTY ST. 2P  | 24   | <b>├</b> —¬ '   |   |                               | ├──¬ '   |                                     |                 |                    |   |   |             |          |                    |                            |  |
| STEP TANGES   STORE   STAND FL 33404   |  |   |   |                               |  |                                     |                 |                    |   |   |             |          | ered Agent         |                            |  |
| SINGER ISLAND FL 33404    Ba   | ST   | EWART, JAMES M.   |   |                               |  |                                     | 81              | Name               | )   |   |             |          |                    |                            |  |
| Saling   S   |  |   |   |                               |  |                                     | 82              | Street             | eet Address (P.O. Box Number is Not Acceptable) |   |             |          |                    |                            |  |
| 11. Pursuant to the provisions of Socions 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida. Statutes agent, and familiar with, and accept the obligations of Population o | OII.   |   | 101   |                               |  |                                     | 83              |                    |   |   | •           |          |                    |                            |  |
| 11. Persuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligintons of, Socion 607.0505, Florida Statutes  SIGNATURE    Sophitic lipsed or penind have or registered agent and the forest point and the provisions of the provision |  |   |   |                               |  |                                     | 84              | City               |   | to Markey Papay, p  | F           | EL 85    | Zip (              | Code                       |  |
| Signature, breed or period careed argenis and ston's agricated Agenis laupature sequence when reinstating)   DATE  | 11. Pursuant<br>office or r<br>agent. I a  | to the provisions of Sec<br>registered agent, or bot<br>im familiar with, and ac- | ctions 607.0502<br>th, in the State o<br>cept the obligat | and 60<br>f Floric<br>ions of | 07.1508, Florida <b>Sta</b> tut<br>fa. Such change was<br>. Section 607.0505, Fl | es, the a<br>authorize<br>orida Sta | bove<br>ed by   | e-named<br>the col | d corpor<br>rporation                           | ration submits this statement for t<br>n's board of directors. I hereby a |             |          | ging its<br>ent as | s registered<br>registered |  |
| Signature, breed or period careed argenis and ston's agricated Agenis laupature sequence when reinstating)   DATE  | SIGNATURE  |   |   |                               |  |                                     |                 |                    |   |   |             |          |                    | }                          |  |
| TITLE  | Signature, typed or pointed name of registered agent and little if applicable (NOTE Re |   |   |                               |  |                                     |                 | ent signatur       | re required                                     |   |             |          |                    |                            |  |
| NAME   TERRILL, RAYMOND L.   12 NAME   14829 HORSESHOE TRACE   13 STREET ADDRESS   14829 HORSESHOE TRACE   14 CITY-ST-ZP   |  |   | JELICERS AND  | DIREC                         | <del></del>  |                                     |                 |                    | 1   | ADDITIONS/CHANGES TO O  | FICERS      |          |                    |                            |  |
| STREET ADDRESS   14829 HORSESHOE TRACE   13 STREET ADDRESS   14 CITY-ST-ZIP  | 1  | _   | I DN  |                               | L_3 OCCUL  |                                     |                 |                    |   |   |             |          | Hanigo             |                            |  |
| CITY_ST_ZIP  | · · ·  | 44444 LIGHTSHALLON TO 400   |   |                               |  |                                     |                 | ADDRESS            |   |   |             |          |                    | j                          |  |
| DELETE   D   |  | · ·   |   |                               | · · · · · · · · · · · · · · · · · · ·  |                                     |                 | 1                  |   |   |             |          |                    | 1                          |  |
| STREET ADDRESS   14829 HORSESHOE TRACE   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP  |  |   |   |                               | DELETE   | _                                   |                 | L. L.              | ·   |   |             | C        | hange              | Addition                   |  |
| DELETE   D   | NAME   | TERRILL, BERNIE   | TA F.   |                               |  | 2.2 N                               | IAME            |                    |   |   |             |          |                    |                            |  |
| CITY-ST-ZIP         2.4 C/IY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME   | STREET ADDRESS   | 14829 HORSESH   | IOE TRACE   |                               |  | 2.3 \$                              | TREET           | ADDRESS            |   |   |             |          |                    | ļ                          |  |
| NAME   | CITY-ST-ZIP  | WELLINGTON FL   |   |                               |  | 2.40                                | CITY-S          | ST-ZIP             |   |   |             |          |                    |                            |  |
| STREET ADDRESS         33 STREET ADDRESS           CHY-ST-ZIP         34. CHY-ST-ZIP           TITLE         DELETE         4.1 ITLE         Change         Addition           NAME         42 NAME         STREET ADDRESS         43 STREET ADDRESS         CHY-ST-ZIP         44 CHY-ST-ZIP         Change         Addition           NAME         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME         53 STREET ADDRESS         CHY-ST-ZIP         Change         Addition           NAME         6.1 TITLE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CHY-ST-ZIP         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CHY-ST-ZIP         CHY-ST-ZIP         CHY-ST-ZIP         CHY-ST-ZIP  | TITLÉ  |   |   |                               | ☐ DELETE   | 3.1 T                               | TLE             |                    |   |   |             | □ c      | hange              | Addition                   |  |
| STREET ADDRESS   STRE   |  |   |   |                               |  | 3.2 N                               | IAME            |                    |   |   |             |          |                    |                            |  |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME   |  |   |   |                               |  |                                     |                 | ADDRESS            |   |   |             |          |                    |                            |  |
| NAME   |  |   |   |                               | DELETE   |                                     |                 | ST-ZIP             | <del> </del>                                    |   |             | - T-     |                    | T Leignin                  |  |
| A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP   Addition   AMME   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Addition   AMME   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Addition   AMME   A4 CITY-ST-ZIP   Addition   AMME   A4 CITY-ST-ZIP   Addition   AMME   A4 CITY-ST-ZIP   A4 CITY   |  |   |   |                               |  |                                     |                 |                    |   |   |             |          | ianye              |                            |  |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         6.2 NAME         CANAME         CANAME         CONTY-ST-ZIP   | j  |   |   |                               |  |                                     | _               | ADDDECC            | 1   |   |             |          |                    |                            |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         5.4 CITY-ST-ZIP         CITY ST-ZIP         Change         Addition           NAME         6.2 NAME         6.2 NAME         CITY-ST-ZIP         6.3 STREET ADDRESS         CITY-ST-ZIP         COLY-ST-ZIP  |  |   |   |                               |  | 1                                   |                 |                    |   |   |             |          |                    |                            |  |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         6.4 CITY-ST-ZIP   |  |   |   |                               | DELETE   | _                                   |                 | EN.                | <del> </del>                                    |   | •           | C        | hange              | Addition                   |  |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         6.4 CITY-ST-ZIP   | NAME   |   |   |                               |  |                                     |                 |                    |   |   |             | •        | -                  |                            |  |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP         6.4 CITY-ST-ZIP   | i i  |   |   |                               |  |                                     |                 | ADDRESS            |   |   |             |          |                    |                            |  |
| NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP  | CITY-ST-ZIP  |   |   |                               |  | 5.4 C                               | <u> 11Y - S</u> | T-ZIP              | <u></u>   |   |             |          |                    |                            |  |
| STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP   | TITLE  |   |   |                               | ☐ DELETE   | 6.1 T                               | TLE             |                    |   |   |             | C        | hange              | Addition                   |  |
| CITY-ST-ZIP - 6.4 CITY-ST-ZIP  | NAME   |   |   |                               |  | 6.2 N                               | AME             |                    |   |   |             |          |                    |                            |  |
|  | STREET ADDRESS   |   |   |                               |  | 6.3 S                               | TREET           | ADDRESS            |   |   |             |          |                    |                            |  |
| 14. Thereby certify that the information suprofied with this filting closes not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes 1 further certify that the information 1   |  | orther throught a today or at   | on numerical con-   | . asi- 7                      | the does not over the  |                                     |                 |                    | <br>  |   | - (A        |          |                    | informs **:                |  |

indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.