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

PROFIT CORPORATION ANNUAL REPORT



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

1996

MENT # K72768

(0)

DOCUMENT #

1. Corporation Name

BAR BUILDERS, INC.

.adress	

Principal Place	of Business	Maling Address			
1500 SW 5TH CT. STE C POMPANO BEACH FL 33069 US		1500 SW 5TH C STE C POMPANO BEAC			
		US US	n rt 53005	3. Date Incorporated or Qualified 03/15/1989	3a. Date of Last Report 01/24/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number 65-0114751	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suitc. Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
City 8 State		City & State		& Floring Company Figure	Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ziρ	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curre	29	30]		No
	g, Italie and Address of Cure	in negistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
SHOR	E, III, THOMAS				
1500 S.W. 5TH CT. STE C			82 Street Ad	dress (P.O. Box Number is Not Acceptable	9)
POMP	ANO BEACH FL 33069		63		
			84 City		FL 85 Zip Code
11 Pursuant te	a the provisions of Sections 6/17 050		I then the above pacear con-	oration submits this statement for the purp	
or registere	ed agent, or both, in the State of Floi	rida. Su⊯s charsge was auth	or zed by the corporation's be	oard of directors. I hereby accept the appo	intment as registered agent. Lam
	th, and accept the obligations of, Sec	olion 607.0505, Florida Statu	ites.		
SIGNATURE	Signature typed or printed naise of majors alage	chard the happinanee	(N. d.E. Regestimal Agent signature raqu	Mod whet renablings	DATE
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN: 12
TITLE	DP CUODS THOMAS	DELETE	1 1 THE		Change Addition
NAME	SHORE, THOMAS		1.2 NAME	1212 BACACLUA	00,000,000
STREET ADDRESS	105 LIVE OAK DR. HOLBROOK NY			23113 BOCACLUB	
C-TY-ST-ZIP	FIOLDROOK 141	D being		BOCA RATUN, FL	33433
TIFLE NAME		☐ DELETE	2.1 THE		Change Addition
STREET ADDRESS			2.2 NAME		
City - St - ZiP			2.3 STREET ADDRESS		
TITLE		DECETE	2 4 CHY ST-ZIP 3 1 TiTLE		Change Addition
NAME		<u> </u>	3.2 NAME		П
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP			3 4 CITY - S1 - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAMÉ			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			44 City St ZiP		
THE		☐ DELETE	5 I TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		FT naiste	5 & CHTY - ST - ZIP		Danas El Militar
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME enuserabrages			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIF	cortife that the information supplied	Locitis that fileses in restrict sets.	6 4 CHY - \$1 - 74F	ofor the exemption stated in Section 119.0	27(Dull) Florida Crut des 15 dus

4. For hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for fine exemption stated in Section 119.07(3)(b). 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, of on an attachment with a coderes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 (305)742-8388