

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L83588** (8)
1. Corporation Name
SUSAN J. BARROW, INC.



Principal Place of Business: **369 LAKE ARBOR DR PALM SPRINGS FL 33461**
Mailing Address: **369 LAKE ARBOR DR PALM SPRINGS FL 33461**

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **06/25/1990**
3a. Date of Last Report: **04/17/1995**
4. FEIN Number: **65-0196861**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **BARROW, SUSAN 369 LAKE ARBOR DR PALM SPRINGS FL 33461**
81 Name; 82 Street Address (P.O. Box Numbers Not Acceptable); 83; 84 City; FL 85 Zip Code

11. Pursuant to the provisions of Sections 602.06(2) and 602.07(4), Florida Statutes, the abovesigned 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, thereby, accept the appointment as registered agent, I and family with, and accept the obligations of Section 602.06(3), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: BARROW, SUSAN J.		2. NAME: _____	
3. STREET ADDRESS: 369 LAKEARBOR DR		3. STREET ADDRESS: _____	
4. CITY-STATE-ZIP: PALM SPRINGS FL		4. CITY-STATE-ZIP: _____	
5. TITLE: PST	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: BARROW, SUSAN J.		6. NAME: _____	
7. STREET ADDRESS: 369 LAKEARBOR DR		7. STREET ADDRESS: _____	
8. CITY-STATE-ZIP: PALM SPRINGS FL		8. CITY-STATE-ZIP: _____	
9. TITLE: _____	<input type="checkbox"/> DELETE	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____		10. NAME: _____	
11. STREET ADDRESS: _____		11. STREET ADDRESS: _____	
12. CITY-STATE-ZIP: _____		12. CITY-STATE-ZIP: _____	
13. TITLE: _____	<input type="checkbox"/> DELETE	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: _____		14. NAME: _____	
15. STREET ADDRESS: _____		15. STREET ADDRESS: _____	
16. CITY-STATE-ZIP: _____		16. CITY-STATE-ZIP: _____	

14. I do hereby certify that the information supplied herein is true and voluntarily furnished and does not qualify for the exemption stated in Section 119.071(6)(k), Florida Statutes. I further certify that the information contained herein is accurate in part or in whole and that I am not aware of any information that may, in any way, have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the president or chief executive officer of the corporation, as required by Chapter 602, Florida Statutes, and that my name appears in Book 12 or Book 13 of the change file on file at the Division of Corporations.

SIGNATURE: *Susan J. Barrow* 4/7/96 407-642-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)