

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M47454** (7)

1. Corporation Name

ANNIE BARTHELEMY, INC.



Principal Place of Business

**C/O HUGHES SILVERS & GLASSMAN
1140 KANE CONCOURSE, 5TH FLR
BAY HARBOR ISLAND FL 33154
US**

Mailing Address

~~C/O HUGHES SILVERS & GLASSMAN~~
~~1140 KANE CONCOURSE, 5TH FLOOR~~
BAY HARBOR ISLAND FL 33154
US

3. Date Incorporated or Qualified
02/27/1987

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **% HUGHES SILVERS + GLASSMAN**

27 City & State

28 Zip

30 Country

4. FEI Number

59-2794899

Applied For

Not Applicable

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 ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERS, ROBERT HENRY

~~C/O HUGHES SILVERS & GLASSMAN~~
**1140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOR ISLAND FL 33154**

**% HUGHES SILVERS +
GLASSMAN**

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 person signing on behalf of corporation

Signature typed or printed name of person signing on behalf of corporation

EAT

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BARTHELEMY, PATRICK**
STREET ADDRESS **1140 KANE CONCOURSE - 5TH FLOOR**
CITY - ST - ZIP **BAY HARBOR ISLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK BARTHELEMY

4/17/96

305-864-7531

Daytime Phone #

CR2E034 (12/95)