

**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 # M52005 (9)**

1. Corporation Name

**BARTH ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

~~670 BLANCA BARTH~~ ~~3650 N. FEDERAL HWY.~~ ~~LIGHTHOUSE POINT FL 33064~~   
 ~~incorrect - NEVER C/O B. Barth~~   
 ~~Since incorporated~~   
 ~~in 1987~~   
 ~~NOT A NEW CORP~~   
 ~~670 BLANCA BARTH~~   
 ~~3650 N. FEDERAL HWY.~~   
 ~~LIGHTHOUSE POINT FL 33064~~

3. Date Incorporated or Qualified **05/13/1987**

3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

~~270 Lighthouse Point News~~ ~~3650 N. FEDERAL HWY.~~ ~~LIGHTHOUSE POINT FL 33064~~   
 ~~Book Store~~   
 ~~NEWSPAPER + BOOKSTORE~~

4. FEI Number **59-2815224**

Applied For  
Not Applicable

22. City & State

27. City & State

23. Zip **33064** Country **FL**

28. Zip **33064** Country **FL**

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

**BARTH, BLANCA**  
**3650 N. FEDERAL HWY.**  
**LIGHTHOUSE POINT FL 33064**

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 based on printed name of registered agent. If the day is not...

Signature of Registered Agent. Signature required when registering...

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTH, BLANCA</b>	
STREET ADDRESS	<b>3650 N. FEDERAL HWY.</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE POINT FL</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Blanca Barth*  
Date **June 6, 1996**

954-  
785-8419  
Daytime Phone

CR2E034 (12/95)