

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

CORPORATION
ANNUAL REPORT

~~1984~~ 1995



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 20 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name BARMAR 17TH COURT, INC.	DOCUMENT # M53131 (2)
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Mailing Address 1741 S.W. 68TH AVENUE PLANTATION FL 33317	Principal Place of Business 1741 S.W. 68TH AVENUE PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1987		3a. Date of Last Report 03/12/1993	
4. FBI Number 59-2814282		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent AMIGO, FRANK 120 S. UNIVERSITY DR. SUITE A PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (ROR) (Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	P/T/D ELETZ, MARC 1741 S.W. 68 AVE. PLANTATION FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	400001519154 -06/21/95--01043--013 *****225.00 *****225.00
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	V/S/D WAGNER, BARRY 9 BALTUSROL DR. PURCHASE NY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP		6.1 TITLE 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Further, I 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 have fulfilled all obligations concerning and imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

5/16/95

AS
6/20