04-22-1999 90152 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



Katherine Harris Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # M75732 1. Corporation Name

BAR FIG. INC.

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Principal Place of Business	Mailing Address	- ?			PIT MINIT BINST KINIT NENIS NINIT SONT
8411 BLANDING BLVD. BACKSONVILLE FL 32244 BACKSONVILLE FL 32244 BACKSONVILLE FL 3				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualifed 04/01/1988	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-2890281	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29	Соил 30	try	This corporation owes the current year Personal Property Tax.	Intangible Yes □No
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ed Agent
ELKINS, J. H., JR. 6061 MERRILL RD. JACKSONVILLE FL 32277			Name Street Add	iress (P.O. Box Number is Not Acceptable)	

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.

83 84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change ☐ DELETE TITLE 1.1 TITLE NAME PATEL, BHARAT 1.2 NAME 8411 BLANDING BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 2.1 TITLE πLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 3.1 TITLE mie 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C/TY-ST-Z/P CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report by 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 of trusted 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 above secure the empowered.

SIGNATURE:

SIGNAT

Daytime Phone #

Zip Code

85