

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N93000005576 (4)

1. Corporation Name
BARRIER BUSTERS, INC.

Principal Place of Business Mailing Address

**1880 TAYLOR AVE
WINTER PARK FL 32789-2767** **1880 TAYLOR AVE
WINTER PARK FL 32789-2767**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26 **Post OFFICE BOX 3513**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28 **Winter Park, FL**

Zip Country Zip Country

24 25 29 **32790** 30

3. Date Incorporated or Qualified 3a. Date of Last Report

12/06/1993 **07/06/1994**

4. FEI Number Applied For

59-3223357 Not Applicable

5. Certificate of Status Desired **\$0.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BRONDSTED, FRITS
1880 TAYLOR AVE
WINTER PARK FL 32789-2767**

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

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRONDSTED, FRITS
STREET ADDRESS	1880 TAYLOR AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	TD
NAME	BRAUN, MICHAEL
STREET ADDRESS	1831 NATALEN RD.
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	BOWMAN, RICHARD J
STREET ADDRESS	938 ST. CROIX AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	PETERS, BRANDON
STREET ADDRESS	916 LAUREL AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	BRONDSTED, LINDA
STREET ADDRESS	1880 TAYLOR AVE.
CITY - ST - ZIP	WINTER PARK FL
TITLE	D
NAME	BASDEN, RICHARD
STREET ADDRESS	907 CANTON ST.
CITY - ST - ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRITS BRONDSTED
1.3 STREET ADDRESS	1880 TAYLOR AVE.
1.4 CITY - ST - ZIP	WINTER PARK, FL 32789
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL BRAUN
2.3 STREET ADDRESS	1931 NATALEN RD.
2.4 CITY - ST - ZIP	WINTER PARK, FL 32789
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD BASDEN
3.3 STREET ADDRESS	907 CANTON ST
3.4 CITY - ST - ZIP	ORLANDO, FL 32803
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 110.07(3)(h), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frits Brondsted* **FRITS BRONDSTED** Date: **4/21/95** (407)628-9437

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #