

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000005576 (4)**

1. Corporation Name

**BARRIER BUSTERS, INC.**



Principal Place of Business

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

Mailing Address

**POST OFFICE BOX 3513  
WINTER PARK FL 32790  
US**

3. Date Incorporated or Qualified  
**12/06/1993**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3223357**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

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

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 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PCD**  
STREET ADDRESS **BRONDSTED, FRITS**  
CITY-ST-ZIP **1880 TAYLOR AVENUE**  
**WINTER PARK FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **TD**  
1.3 STREET ADDRESS **Braun, Michael**  
1.4 CITY-ST-ZIP **1931 Natalen Rd**  
**Winter Park, FL 32789**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **BRAUN, MICHAEL**  
CITY-ST-ZIP **1931 NATGLEN ROAD**  
**WINTER PARK FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **CD**  
2.3 STREET ADDRESS **RABEY, EDITH**  
2.4 CITY-ST-ZIP **720 N. DENNING AVE**  
**WINTER PARK, FL 32789**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BASDEN, RICHARD**  
CITY-ST-ZIP **907 CANTON STREET**  
**ORLANDO F**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **SD**  
3.3 STREET ADDRESS **CARY, SARA**  
3.4 CITY-ST-ZIP **1101 POINSETTIA AVE**  
**ORLANDO, FL 32804**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PETERS, BRANDON**  
CITY-ST-ZIP **916 LAUREL AVE.**  
**ORLANDO FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **KOCH, LOUANN**  
4.4 CITY-ST-ZIP **206 BALFOUR OR.**  
**WINTER PARK, FL 32792**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BRONDSTED, LINDA**  
CITY-ST-ZIP **1880 TAYLOR AVE.**  
**WINTER PARK FL**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **PHIFER, CAROL**  
5.4 CITY-ST-ZIP **1007 E. WASHINGTON ST**  
**ORLANDO, FL 32801**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BASDEN, RICHARD**  
CITY-ST-ZIP **907 CANTON ST.**  
**ORLANDO FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **P**  
6.3 STREET ADDRESS **BRONDSTED, FRITS**  
6.4 CITY-ST-ZIP **1880 TAYLOR AVE**  
**WINTER PARK, FL 32789**

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 617, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

(407) 428-9937

Daytime Phone #

CR2E037 (12/95)