

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 616 DRIVER AVE Suite, Apt. #, etc. 22 WINTER PARK FL City & State 23 WINTER PARK FL Zip 24 32789 Country 25 USA	2a. Mailing Address 26 616 DRIVER AVE Suite, Apt. #, etc. 27 City & State 28 WINTER PARK FL Zip 29 32789 Country 30 USA
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3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Report 04/25/1996
4. FEI Number 59-3223357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 BRONDSTED, FRITS 82 Street Address (P.O. Box Number is Not Acceptable) 616 DRIVER AVE. 83 84 City WINTER PARK FL 85 Zip Code 32789
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRONDSTED, FRITS		1.2 NAME FRITS BRONDSTED	
STREET ADDRESS 1880 TAYLOR AVENUE		1.3 STREET ADDRESS 616 DRIVER AVE	
CITY-ST-ZIP WINTER PARK FL		1.4 CITY-ST-ZIP WINTER PARK FL 32789	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAUN, MICHAEL		2.2 NAME BRAUN, MICHAEL	
STREET ADDRESS 1931 NATGLEN ROAD		2.3 STREET ADDRESS 1931 NATALLEN RD.	
CITY-ST-ZIP WINTER PARK FL		2.4 CITY-ST-ZIP WINTER PARK FL 32789	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASSEN, RICHARD		3.2 NAME	
STREET ADDRESS 807 CANTON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERS, BRANDON		4.2 NAME	
STREET ADDRESS 916 LAUREL AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRONDSTED, LINDA		5.2 NAME	
STREET ADDRESS 1880 TAYLOR AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BASSEN, RICHARD		6.2 NAME	
STREET ADDRESS 807 CANTON ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP	

14. I do 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 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 _____ SIGNATURE _____ 8/15/97 11:21:08 9937

CR2E037 (4/97)