

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morthern Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000000646 (8)</b> 1. Corporation Name <b>PROJECT BARTER FEED, INC.</b>			
Principal Place of Business 7692 SW 7TH COURT NORTH LAUDERDALE FL 33068		Mailing Address 7692 SW 7TH COURT NORTH LAUDERDALE FL 33068-1306	
2. Principal Place of Business 21 <b>8192 White Rock Circle</b>		2a. Mailing Address 26 <b>8192 White Rock Circle</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>BOYNTON BCH. Fla</b>		City & State 28 <b>BOYNTON BCH. Fla</b>	
Zip 24 <b>33436</b>		Zip 29 <b>33436</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>EBBERBACH, SCOTT</b> <b>7692 SW 7TH COURT</b> <b>NORTH LAUDERDALE FL 33068</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <i>Scott Eberbach</i> DATE: <b>JAN 5 97</b> Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>EBBERBACH, SCOTT</b> STREET ADDRESS <b>7692 SW 7TH COURT</b> CITY - ST - ZIP <b>NORTH LAUDERDALE FL 33068</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE <b>SVD</b> <input type="checkbox"/> DELETE NAME <b>EBERBACH, CATHERYN</b> STREET ADDRESS <b>7692 SW 7TH COURT</b> CITY - ST - ZIP <b>NORTH LAUDERDALE FL 33068</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>SNOW, KATHY</b> STREET ADDRESS <b>2671 COMMERCIAL STREET</b> CITY - ST - ZIP <b>SALEM OR 97302</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: *Scott Eberbach* DATE: **JAN 5 97** **561**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **731-3434**

CR2E037 (9/96)