


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000646					
1. Corporation Name PROJECT BARTER FEED, INC.					
Principal Place of Business 8192 WHITE ROCK CIR BOYNTON BCH FL 33436 US			Mailing Address 8192 WHITE ROCK CIR BOYNTON BCH FL 33436 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/15/1994 4. FEI Number 65-0558807 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent EBBERBACH, SCOTT 7692 SW 7TH COURT NORTH LAUDERDALE FL 33068				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	
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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

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EBBERBACH, SCOTT			1.2 NAME	EBBERBACH, SCOTT		
STREET ADDRESS	7692 SW 7TH COURT			1.3 STREET ADDRESS	8192 White Rock Circle		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068			1.4 CITY-ST-ZIP	Boynton BCH. FL. 33436		
TITLE	SVD	<input type="checkbox"/> DELETE		2.1 TITLE	EBBERBACH, Catheryn	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EBBERBACH, CATHERYN			2.2 NAME	EBBERBACH, Catheryn		
STREET ADDRESS	7692 SW 7TH COURT			2.3 STREET ADDRESS	8192 White Rock Circle		
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068			2.4 CITY-ST-ZIP	Boynton BCH. FL. 33436		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNOW, KATHY			3.2 NAME			
STREET ADDRESS	2671 COMMERCIAL STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	SALEM OR 97302			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)