FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000521

BARRY TELECOMMUNICATIONS, INC.

rificipal Flace of business	3
3401 SOUTH CONGRESS A BOYNTON BEACH FL 33420	_

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

3401 SOUTH CONGRESS AVENUE **BOYNTON BEACH FL 33426**

FILED Mar 02, 1999 8:00 am g Secretary of State

03-02-1999 90109 001 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

101/23/1997

65-0728353

4. FEI Number

23		28				o. Certificate of States Busine		Fee Req	uired
Zip	Country 25	Zip 29	30	Country		Election Campaign Financ Trust Fund Contribution	ing	\$5.00 N Added to	
24	9. Name and Address of Cu			L		10. Name and Address of No	w Registered		
	v. Hallite and Address of Oc	Trent (togistarou / igo	····	81	Name				
BURT, FRANK			82	Street Addr	ess (P.O. Box Number is Not Acc	eptable)	-		
777 BRICKELL AVENUE SUITE 500 MIAMI FL 33131				83					
				03					
				84	City		FI	85 Zip C	
office or re	to the provisions of Sections 617 egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Such ch	iangé was autho	prized by i	ine corporation	oration submits this statement for on's board of directors. I hereby a	the purpose o ccept the appo	f changing its r pintment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Reg	istered Agent	t signature require	d when reinstating)	DATE		
12.	OFFICER	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS A		
ΠΤLE	CT] DELETE	1.1 TITLE				Change	☐ Addition
NAME	O'LAUGHLIN. JEANNE			1.2 NAME					
STREET ADDRESS	3401 SOUTH CONGRESS /	AVENUE		1.3 STREET	ADDRESS				1
CITY-ST-ZIP	BOYNTON BEACH FL 3342			1.4 CITY-ST	-ZIP			·	
TITLE	T] DELETE	2.1 TITLE				Change	Addition
NAME	CZERNIEC, TIM			2.2 NAME		•			
STREET ADDRESS	3401 SOUTH CONGRESS	AVENUE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 3342			2. 4 CITY-S	r-Zip				
TITLE	ST		DELETE	3.1 TITLE				Change	☐ Addition
NAME	JOHNSON, MARGARET M	OP		3.2 NAME					j
STREET ADDRESS	3401 SOUTH CONGRESS /			3.3 STREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 3342			3.4. CITY-5	T-ZIP				
TITLE	Р		DELETE	4.1 TITLE				Change	☐ Addition
NAME	CARR, JERRY			4.2 NAME					
STREET ADDRESS	3401 SOUTH CONGRESS	AVENUE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 3342			4.4 CITY-ST	r-ZIP				
TITLE	<u></u>		DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME				*	
STREET ADDRESS				5.3 STREET	ADDRESS	•			
CITY-ST-ZIP				5.4 CITY-ST	-ZIP	•			
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-ST	r-Z)P				
14. I hereby (certify that the information supplied	ed with this filing does n	not qualify for the	exempti	on stated in S	Section 119.07(3)(i), Florida Statu	tes. I further o	ertify that the in	formation

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:

LEEREQUIRED

E01-737-8007

Applied For

\$8.75 Additional

Fee Required

Not Applicable