

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39637** (4)  
1. Corporation Name  
**BARROWCLIFF DESIGN ASSOCIATES, INC.**

Principal Place of Business <del>806 TRUMAN AVENUE #11</del> KEY WEST FL 33040 US	Mailing Address <del>806 TRUMAN AVENUE #11</del> KEY WEST FL 33040 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1411 SUN TERRACE</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 <b>1411 SUN TERRACE</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>07/15/1992</b> 4. FEI Number <b>51-0260844</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>BARROWCLIFF, LOIS G.</b> <del>806 TRUMAN AVE #11</del> KEY WEST FL 33040	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1411 SUN TERRACE</b> 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	<b>DCP</b>	1.1 TITLE	
NAME	<b>BARROWCLIFF, LOIS G.</b>	1.2 NAME	
STREET ADDRESS	<del>806 TRUMAN AVE #11</del>	1.3 STREET ADDRESS	<b>1411 SUN TERRACE</b>
CITY - ST - ZIP	<b>KEY WEST FL</b>	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lois G. Barrowcliff* 4/24/98 305-296-9151

CR2E034 (10/97)