FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000007332 (9)**

1. Corporation Name
BARRIE TAPE WAREHOUSE, INC.

Principal Place of Business
3020 SW 14TH PL #2
BOYNTON BCH FL 33426
US

Mailing Address
3020 SW SW 14TH PL #2
BOYNTON BCH FL 33426
US

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 8889 SHOAL CREEK LANE
Suite, Apt. #, etc.
22 BOYNTON Beach FL
City & State
23 33437 Palm Bch
Zip 24 Country 25

2a. Mailing Address
26 8889 SHOAL CREEK LANE
Suite, Apt. #, etc.
27 BOYNTON Beach FL
City & State
28 33437 Palm Beach
Zip 29 Country 30

4. FEI Number: 65-0372391 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KOSSACK, ROCHELLE
3020 SW 14TH PLACE
UNIT 2
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8889 SHOAL CREEK LANE
83 BOYNTON Beach
84 City FL 85 Zip Code 33437

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 name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	KOSSACK, ROCHELLE P	
STREET ADDRESS	8889 SHOAL CREEK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	☐ DELETE
NAME	KOSSACK, IRWIN	
STREET ADDRESS	8889 SHOAL CREEK LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 Date

407-731-2740 Daytime Phone #

CR2E034 (12/95)