

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000007332 (9)

1. Corporation Name
BARRIE TAPE WAREHOUSE, INC.



Principal Place of Business 8889 SHOAL CREEK LANE BOYNTON BEACH FL 33437 US	Mailing Address 8889 SHOAL CREEK LANE BOYNTON BEACH FL 33437 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>As Above</i>	2a. Mailing Address 26 <i>As Above</i>	3. Date Incorporated or Qualified 11/24/1992	3a. Date of Last Report 04/04/1996
22 Suite, Apt. #, etc. <i>11</i>	27 Suite, Apt. #, etc. <i>11</i>	4. FEI Number 65-0372391	Applied For Not Applicable
23 City & State <i>11</i>	28 City & State <i>11</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip <i>11</i>	25 Country <i>11</i>	29 Zip <i>11</i>	30 Country <i>11</i>
2. Principal Place of Business 21 <i>As Above</i>		2a. Mailing Address 26 <i>As Above</i>	
22 Suite, Apt. #, etc. <i>11</i>		27 Suite, Apt. #, etc. <i>11</i>	
23 City & State <i>11</i>		28 City & State <i>11</i>	
24 Zip <i>11</i>		25 Country <i>11</i>	
29 Zip <i>11</i>		30 Country <i>11</i>	

9. Name and Address of Current Registered Agent

KOSSACK, ROCHELLE
8889 SHOAL CREEK LANE
BOYNTON BEACH FL 33437

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 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSSACK, ROCHELLE P	1.2 NAME	
STREET ADDRESS	8889 SHOAL CREEK LAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSSACK, IRWIN	2.2 NAME	
STREET ADDRESS	8889 SHOAL CREEK LAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 or 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)