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

**PROFIT** CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P92000007332 (9)

BARRIE TAPE WAREHOUSE, INC.

**FILED** Mar 04 1998 8:00am Secretary of State

|--|

| Principal Place of Business Mailing Address                            |   |   |                    |              |                  | T I CONTINUENT THE VIRIND THOSE WENT EASILY EATILY BOTH SOUTH CONTINUENT WHILE WITH 1981 1981   |  |  |
|--|---|---|--------------------|--------------|------------------|---|--|--|
| 8889 SHOAL<br>BOYNTON BE<br>US   | CREEK LANE<br>ACH FL 33437  | 8889 SHOAL CREEK LANE<br>BOYNTON BEACH FL 33437<br>US       |                    |              |                  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   |  |  |
|  |   |   |                    |              |                  | 11/24/1992  |  |  |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address   |                    |              |                  | 4. FEI Number Applied For   |  |  |
| 21   |   | 26  |                    |              |                  | 65-0372391 Not Applicable   |  |  |
| Suite, Apt.  | #, elc.   | Suite, Apt. #, etc.   |                    |              |                  | 5. Certificate of Status Desired S8.75 Additional   |  |  |
| 22   |   | 27  |                    |              |                  | Fee Required  |  |  |
| City & State   | 8   | City & State  |                    |              |                  | Election Campaign Financing \$5.00 May Be   |  |  |
| 23   |   | 28  |                    |              |                  | Trust Fund Contribution Added to Fees   |  |  |
| Zip  | Country   | Zip   | Cou                | ntry         |                  | 8. This corporation owes or has paid the current year intangible  |  |  |
| 24   | 25  | 29  | 30                 | <del>,</del> |                  | Personal Property Tax due June 30. Yes No   |  |  |
|  | 9. Name and Address of Current  | Registered Agent  |                    | 81           | Nome             | 10. Name and Address of New Registered Agent  |  |  |
| KO   |   | 81 Name   |                    |              | _                |   |  |  |
|  | 39 SHOAL CREEK LANE   |   | 82 Street Ad       |              | Street           | Address (P.O. Box Number is Not Acceptable)   |  |  |
| BO   | YNTON BEACH FL 33437  |   | ļ                  |              |                  |   |  |  |
|  |   |   |                    | 83           |                  |   |  |  |
|  |   |   | ţ                  | 84           | City             | 85 Zip Code   |  |  |
|  |   |   |                    |              |                  | FL V  |  |  |
| 11. Pursuant t   | to the provisions of Sections 607.0502  | and 607.1508, Florida Statut<br>of Florida, Such change was | tes, the at        | 90Ve         | named<br>the cor | I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered  |  |  |
| agent. I a   | m familiar with, and accept the obligat   | ions of, Section 607.0505, Fl                               | lorida Stati       | utes         |                  | portation of careful at the control of the control |  |  |
| SIGNATURE  |   |   |                    |              |                  |   |  |  |
|  | Signature, typed or printed name of registered agon   |   |                    | i Ager       | nt signature     | e required when reinstating) DATE   |  |  |
| 12.  | OFFICERS AND  |   | 13.                |              |                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE  | PSTD  | L. DELETE   | 1.1 (1)            | TLE          |                  | ☐ Change ☐ Addition   |  |  |
| NAME   | KOSSACK, ROCHELLE P   |   | 1.2 NAM            |              |                  |   |  |  |
| STREET ADDRESS   | 8889 SHOAL CREEK LAND   |   | 1.3 ST             | REET         | ADDRESS          |   |  |  |
| City-St-ZIP  | BOYNTON BEACH FL 33437  |   | 1.4 CR             | TY-S1        | - ZIP            |   |  |  |
| TITLE  | D   | DELETE  | 2.1 TIT            | ILE          |                  | ☐ Change ☐ Addition   |  |  |
| NAME   | KOSSACK, IRWIN  |   | 2.2 NA             | ME           |                  |   |  |  |
| STREET ADDRESS   | 8889 SHOAL CREEK LAND   |   | 2.3 \$TREE         |              | address          | <b>,</b> .  |  |  |
| CITY-ST-ZIP  | BOYNTON BEACH FL 33437  |   | 2.4 CI             |              | 1-21P            |   |  |  |
| TITLE  |   | ☐ DELETE  | 3.1 TIT            | TLE          |                  | ☐ Change ☐ Addition   |  |  |
| NAME   |   |   | 3.2 NAME           |              |                  |   |  |  |
| STREET ADDRESS   |   |   | 3.3 STREET ADDRESS |              | address          | , <b>i</b>  |  |  |
| CITY-ST-ZIP  |   |   | 3.4. Ci            |              | <u>T-21P</u>     |   |  |  |
| TITLE  |   | ☐ DELETE  | 4.1 TIT            |              |                  | Change Addition   |  |  |
| NAME   |   |   | 4. 2 N/            | AME          |                  |   |  |  |
| STREET ADDRESS   |   |   |                    |              | address          | [   |  |  |
| CITY-ST-ZIP  |   |   | 4.4 CI             |              | -ZIP             |   |  |  |
| TITLE  |   | ☐ DELETE  | 5.1 TIT            |              |                  | Change L Addition   |  |  |
| NAME   |   |   | 5.2 NA             |              |                  | ·   |  |  |
| STREET ADDRESS   |   |   | 5.3 ST             | REET         | address          | ,   |  |  |
| CITY-ST-ZIP  |   |   | 5.4 CI             |              | r-ZIP            |   |  |  |
| TITLE  |   | ☐ DELETE  | 6.1 TIT            | TLE          |                  | L Change L Addition   |  |  |
| NAME   |   |   | 6.2 NA             | ME           |                  |   |  |  |
| STREET ADDRESS   |   | _   | 6.3 ST             | REET         | address          |   |  |  |
| CITY-S1-ZIP  |   |   | 6.4 CH             | TY- \$1      | 1 - ZIP          |   |  |  |
| 14, I hereby o   | 14. Thereby certify that the information supplied with this liling 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 agricult 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in |   |                    |              |                  |   |  |  |
| officer or   | officer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in  |   |                    |              |                  |   |  |  |
| Block 12 or Block 13 if chango - or on an attact/ment with an addites. |   |   |                    |              |                  |   |  |  |