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 # **P93000011899 (0)**

1. Corporation Name
BARTON SERVICES, INC.

Principal Place of Business
7705 PALOMAR ST
FT PIERCE FL 34951

Mailing Address
7705 PALOMAR ST
FT PIERCE FL 34951

3. Date Incorporated or Qualified: **02/08/1993**
3a. Date of Last Report: **05/26/1995**
4. FEI Number: **65-0387219** [ ] 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. Is corporation subject to for profit tax under s. 199.032, Florida Statute? [ ] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
BARTON, LINDA
7705 PALOMAR ST
FT PIERCE FL 34951

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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. Somewhere in authorized, the corporation's business address, and the name of the registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
PD	BARTON, MICHAEL	7705 PALOMAR ST	FT PIERCE FL	[ ] DELETE
VPD	BARTON, LINDA	7705 PALOMAR ST	FT PIERCE FL	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I do hereby certify that the information indicated on this report or supplemental 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 attached sheet, with any title.

SIGNATURE: Linda Barton LINDA BARTON 4-8-96 (407) 465-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)