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 # 1. Corporation Name	P93000025511	(5)
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BARRY STERNBERG, INC.

al Place of Business	Mailing Address	
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Principal Place	e of Business Barry Stembreagy (C. 740 % Casey Key Ka Osprey IL 34229 9707	Mailing Address Barry 740 % (Osgrey 9	Stembres asey Key Rd (34224-9707		3. Date Incorporated or Qualified	3a. Date of Last Report
	No. of London	The state of the s	March Land	**	03/30/1993	04/17/1995
2. Principal Pl	ace of Business	2a. Mailing Addre	988		4. FEI Number 65-0397692	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #,	etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	[Col	untry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24	25	29 29 Current Registered Agent	[30]	T	10. Name and Address of New F	
	A' Maine and Wodiess o	a carrent tredistered wholit		81 Name	14	<u> </u>
-	- Mindle Mark				lress (P.O. Box Number is Not Acceptat	ole)
	Barry Stembreg 740 N. Casey Key Rd				1000 p. 10. 000.110.1100 151101.1000p.100	,
The case of the ca	Osprey 9 £ 34229 9707	₽		63		
	A STATE OF THE PARTY OF THE PAR	~		84 City		FL 85 Zip Code
h or registe	red agent, or both, in the Stat	e of Florida, Such change was s of, Section 607,0505, Florida	authonzed by the Statutes.	ove named corpo corporation's boa o Agent squature requir		DATE
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	0	☐ DEL		TITLE		☐ Change ☐ Addition
NAME	The second secon			NAME		
STREET ADDRESS	Barry Stemy 740 N. Casey 9	breg Gu æl		STREET ADDRESS DITY: \$1 - ZIP		
CITY-ST-ZIP TITLE	Osprey 9 L 3422	28 9707 □ DEL		311LE		Change Addition
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NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
DINEEL MOUPESS	'					

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 13 if chapter 607 in any attractment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR