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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔒 :

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025746 (7)

BARRINGTON DEVELOPMENT, INC.

FILED	
Apr 17 1998 8:00am	Ì
Secretary of State	

|--|

Principal Place	e of Business	Mailing Add	ress		•	n sedersteb eine etres stere sorer sorer sorer sorer sorer beind tiber britt bedet beiter dette 1800.
	HTT ISLAND CAUSEWAY	P.O. BOX	320637			
STE 18	AND FL 32952		STE 18 COCA BEACH FL 32932-0637			DO NOT WRITE IN THIS SPACE
US US	AND FC 32832	US US	OH FL 328324037			3, Date Incorporated or Qualified
						04/07/1993
2. Principal P	lace of Business	2a. Mailing /	Address			4. FEI Number Applied For
21		26				59-3177554 Not Applicable
Suite, Apt.	#, etc.	Suite, Ar	t. #, etc.			S8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & St	ate			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	 	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Ago	ent	81	Name	10. Name and Address of New Registered Agent
	ALS, ROBERT L.			"	Name	
	00 W HIBISCUS			82	Street	Address (P.O. Box Number is Not Acceptable)
	JITE 138			83		
ļ ME	ELBOURNE FL 32902			63		
				84	City	FL 85 Zip Code
dd Dyrought	to the provisions of Sections 607.0	E02 and 607 1500 f	Jorida Statutas, the	o obou	pomod	corporation submits this statement for the purpose of changing its registered
1 office or re	egistered agent or both in the Sta	ite of Florida, Such r	change was author	rized by	the con	poration's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the ob-	igations of, Section	607.0505, Horida S	Statutes	3.	
SIGNATURE	Signature, typed or printed name of registered	apeut and title if anglicable	(NOTE: Banis	Jernd Age	nt sionature	a required when reinstating) DATE
12,		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	L.	DELETE 1	.1 TITLE		Change Addition
NAME	KODSI, MAURICE		1	.2 NAME		Kodsi, Maurice
STREET ADDRESS	PO BOX 320637		1	.3 STREET	ADDRESS	925 N. Courtenay Pkwy
CITY-ST-ZIP	COCOA BEACH FL		1	.4 CITY - S	T - ZIP	Merritt Island, Fl 32953
TITLE		Ţ	DELETE 2	1 TITLE		Change Addition
NAME			2	2 NAME		
STREET ADDRESS			2	.3 STREET	ADDRESS	
CITY-ST-ZIP				. 4 CITY - S	ST - ZIP	
TITLE		Į.	DELETE 3	.1 TITLE		Change Addition
NAME			3	.2 NAME		
STREET ADDRESS			3	.3 STREET	ADDRESS	
CITY-ST-ZIP	<u></u>			.4. CITY - 5	ST-ZIP	
TITLE		L		L1 THTLE		Change Addition
NAME			B .	. 2 NAME		
STREET ADDRESS				.3 STREET		
CITY-ST-ZIP				.4 CITY - S	T - ZIP	
TITLE		L		A TITLE		☐ Change ☐ Addition
NAME			E-	.2 NAME		
STREET ADDRESS				.3 STREET		
CITY-ST-ZIP				4 CITY - S	T-ZIP	Change Addition
TITLE		L		A TITLE		
NAME				.2 NAME		
STREET ADDRESS				.3 STREET		
CITY-ST-ZIP			6	4 CITY - S	T-ZIP	

14. Thereby 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 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.

3-25-95