FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000025746

1. Corporation BARRING	GTON DEVELOPMENT, INC).).								
Principal Place	of Business	Mailing Address				- 1	1 8 9 1 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 	BUILL BUILL OF ILE		
262 E. MERRITT ISLAND CAUSEWAY		P.O. BOX 320637								
STE 18		STE 18								
MERRITT ISLAND FL 32952		COCA BEACH FL 32932-C637			DO NOT WRITE IN THIS SPACE					
US		US					ncorporated or Qualife 7/1993	ed		
2. Principal Pl	ace of Business	2a. Mailing Addre	ess			4. FEI No			Apr	lied For
21		26				<u>59-3</u>	<u>177554</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifo	ate of Status Desired		\$8.75 A	
22		27							Fee Rec	·———
City & State	е	City & State					n Campaign Financin	g 🗆	\$5.00	• 1
23		28		0			und Contribution		Added to	rees
Zip	Country	Zip	<u></u>	Country		L .	proporation owes the c	urrent year In		□No
24	25	29	30	l			and Address of New	v Registered		
	9. Name and Address of Curre	m Registered Agent		81 N	lame	TU. Maine	and Address of Ites	* register o	Agent	
REAL	LS, ROBERT L.			11	Gr	egory 1	V. Glass			
	W HIBISCUS			82 S			Number is Not Acce			
	E 138			83	18	00 W. J	<u> Hibiscus Bl</u>	7 a •		
	BOURNE FL 32902			63	Su	ite 13	3			
141661	BOOTHVE TE OEGOE			84 C	ity				85 Zip C	
1									_ 3290	
					ne.	1bourn	to this			registered
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	da Statutes, t	the above-na orized by the	amed corporation	ration submin's board of	ts this statement for t directors. I hereby ac	he purpose o		registered istered
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and a ocept the oblig	PIONS OF Section 607.0	Jouo, Fiorida	Statutes.	amed corpor corporation	ration submi	ts this statement for t directors. I hereby ac		changing its intment as rec	registered istered
agent. 1 ai	m familiar with, and a scept the oblig	PIONS OF Section 607.0	Jouo, Fiorida	Statutes.	amed corpor corporation	ration submi	ts this statement for t directors. I hereby acc			registered istered
agent. 1 a	rn familiar with, and accept the obligation of t	en and title if applicable.	da Statutes, t ge was autho 0505, Florida (Ne E: Reg	Statutes.	amed corpor corporation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	
agent. 1 all SIGNATURE	Signature, types by printed name of registered age OFFICERS Al	en and title if applicable. N) DIRECTORS	(Ne E: Reg	Statutes. Statutes. Statutes. 13.	amed corpor corporation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	
agent, 1 al SIGNATURE 12. TITLE	Signature, types by private name of registered age OFFICERS AI	en and title if applicable. N) DIRECTORS	Jouo, Fiorida	tered Agent signal.	amed corpor corporation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME	Signature, types of private name of registered age OFFICERS AI PD KODSI, MAURICE	en and title if applicable. N) DIRECTORS	(Ne E: Reg	13. 1.1 TITLE 1.2 NAME	amed corporation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR::SS	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	(Ne E: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI	amed corpor corpor ation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR: SS CITY-ST-ZIP	Signature, types of private name of registered age OFFICERS AI PD KODSI, MAURICE	en and title if applicable. N) DIRECTORS	(Ne E: Reg	stered Agent signal. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY- ST-ZIF	amed corpor corpor ation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	(No E: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE	amed corpor corpor ation	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	(No E: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME	amed corpor ation corpor ation nature required to DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR::SS CITY-ST-ZIP TITLE NAME STREET ADDR::SS	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	(No E: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.3 STREET ADI 2.3 STREET ADI 2.3 STREET ADI 2.4 STREET ADI 3.5 STREET ADI 3.5 STREET ADI 4.5 STRE	amed corpor ation corpor ation nature required to DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	IN E. REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 2.5 NAME 2.5 STREET ADI 2.6 CITY-ST-ZIF	amed corpor ation corpor ation nature required to DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	(No E: Reg	13. 1.1 TITLE 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 3.1 TITLE 3.1 TITLE	amed corpor ation corpor ation nature required to DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12 Addition
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME NAME	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	IN E. REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME	nature required to DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12 Addition
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS	IN E. REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADI	DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12 Addition
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if application. N) DIRECTORS DE	IN E: REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZIF 3.4 CITY-ST-ZIF 3.5 NAME 3.6 STREET ADI 3.7 NAME 3.8 STREET ADI 3.8 AME	DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intruent as rec	RS IN 12 Addition
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if application. N) DIRECTORS DE	IN E. REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 3.3 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZIF 4.1 TITLE	DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intrment as rec	RS IN 12 Addition Addition
agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if application. N) DIRECTORS DE	IN E: REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME	parmed corpor ation corpor ation corpor ation ative required to part of the corpor ation of the corpor ati	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intrment as rec	RS IN 12 Addition Addition
AGENT TAILE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if application. N) DIRECTORS DE	IN E: REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZII 2.1 TITLE 2.2 NAME 2.3 STREET ADI 3.3 STREET ADI 3.3 STREET ADI 3.4 CITY-ST-ZI 4.1 TITLE 4.2 NAME 4.3 STREET ADI	DRESS DRESS DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intrment as rec	RS IN 12 Addition Addition
AGENT I AI SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS DE	CLETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZII 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZII 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZII 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.2 NAME 4.3 STREET ADI 4.4 CITY-ST-ZII 4.4 CITY-ST-ZII 4.5 TITLE 4.7 NAME 4.8 STREET ADI 4.4 CITY-ST-ZII 4.4 CITY-ST-ZII 4.5 TITLE 4.7 NAME 4.8 STREET ADI 4.4 CITY-ST-ZII 4.5 TITLE 4.7 NAME 4.5 TITLE 4.7 NAME 4.8 STREET ADI 4.4 CITY-ST-ZII 4.5 TITLE	DRESS DRESS DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intrment as rec	RS IN 12 Addition Addition
agent. 1 ai SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS DE	IN E: REP	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZII 2.1 TITLE 2.2 NAME 2.3 STREET ADI 3.3 STREET ADI 3.3 STREET ADI 3.4 CITY-ST-ZI 4.1 TITLE 4.2 NAME 4.3 STREET ADI	DRESS DRESS DRESS DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	SS IN 12 Addition Addition Addition
agent. 1 ai SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS DE	CLETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADI 3.3 STREET ADI 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZI 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.1 TITLE 5.1 TITLE 5.1 TITLE	DRESS P DRESS P DRESS P	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	SS IN 12 Addition Addition Addition
AGENT I AI SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME STREET ADDR:SS	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS DE	CLETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME 2.3 STREET ADI 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.5 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADI 5.3 STREET ADI 5.3 STREET ADI 5.4 CITY-ST-ZIF 5.5 NAME 5.3 STREET ADI 5. STREET ADI 5. STR	DRESS P DRESS P DRESS P DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	SS IN 12 Addition Addition Addition
agent. 1 ai SIGNATURE 12. TITLE NAME STREET ADDR:SS CITY-ST-ZIP TITLE NAME	Signature, types of prince n. me of registered age OFFICERS AI PD KODSI, MAURICE 925 N COURTENAY PKWY	en and title if applicable. N) DIRECTORS DE	CLETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-ZII 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-ZII 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-ZI 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.5 TITLE 5.1 TITLE 5.2 NAME	DRESS P DRESS P DRESS P DRESS	ration submits board of	ts this statement for t directors. I hereby acc	4/1	changing its intment as rec	SS IN 12 Addition Addition Addition

14. I hereby certify that the information supplied with this filling 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 change 1, or on, an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

G OFFIC -R OR DIRECTOR

Date Daytime Phone #