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

P93000038361 (0)

| BARRY STONE, INC. | | | | |
|---|------------------------------------|--|--|---------------------------------------|
| Principal Place of Business | Mailing Address | | -{ | |
| GARDEN SHOPS LIQUORS 7050 W. PALMETTO PARK RD 7050 W. PALMETTO PARK RD 7050 W. PALMETTO PARK RD 80CA RATON FL 33433 80CA RATON FL 33433 | | | DO NOT WRITE IN THI | S SPACE |
| US | US | | 3. Date Incorporated or Qualified | |
| | | | 05/28/1993 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 65-0415393 | Not Applicable |
| 22 | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | City & State | | Election Campaign Financing | · · · · · · · · · · · · · · · · · · · |
| 23 | 28 | | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zip | Country | 8. This corporation owes or has paid the c | |
| 24 25 | 29 | 30 | Personal Property Tax due June 30. | ☐ Yes ☐ No |
| 9. Name and Address of Currer | | | 10. Name and Address of New Registere | d Agent |
| STONE, BARRY | | 81 Name | | |
| 6901 NORTH GRANDE AVENUE | 82 Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| BOCA RATON FL 33433 | | | | |
| | | 83 | | |
| | | 84 City | | 85 Zip Code |
| | | , | F | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered | | | | |
| agent, Jim familia with, and accept the oblig | ations of, Section 607.0505, Flo | rida Statutes. | • - OO | Shouritueur as reflistered |
| SIGNALLY OF Strung OF Strung | - Dakky L. S | tone - | 2-70 | |
| Signature, typo or printed name of registered age OFFICERS AN | ont and title if applicable (NOTE: | : Registered Agent signature required | | ID DIDECTORS IV 46 |
| TULE D | DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AN | Change Addition |
| NAME STONE, BARRY | vetere | 1.2 NAME | | C Crange C Addition |
| STREET ADDRESS 6901 NORTH GRANDE AVEN | HE | 1.3 STREET ADDRESS | | İ |
| CITY-ST-ZIP BOCA RATON FL 33433 | OL . | 1.4 CITY - ST - ZIP | | |
| TITLE | ☐ DELET E | 2.1 TITLE | | Change Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| City-SI-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY - ST - ZIP | | |
| TITLE | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4. 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | - <u>-</u> | 5.4 CITY - ST - ZIP | | |
| TITLE | ☐ DELETÉ | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |

14. I hereby 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Mar 13 1998 8:00am

Secretary of State