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 # P93000046980

1. Corporation Name

J. BARNES & ASSOCIATES, P.A.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90057 027 ***150.00



Principal Place of I	Business	Mailing Address			(1005)604 119 10104 tshs poilt boilt onth orbib base and rout on i ion
1520 NE 515T STREET -1520 NE 515T STREET					
FT LAUDERDALE FL 33334 FT LAUDER		FT LAUDERDALE FL 33334	AUDERDALE FL 33334		
TUS		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					07/02/1993
2. Principal Place of Business 2a. Mailing Address			Mn 1	conve	4. FEI Number Applied For
21		26 9(U) N ± U	<u> </u>	NAMME	2 65-0423296 Not Applicable
Suite, Apt. #.,et	E 16th Ave!	Suite, 'Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
DADNEO	W ICCOCY		8	1 Name	
BARNES, W. JEFFREY *1520 NE 51ST STREET FT LAUDERDALE FL 33334			8:	Street A	Address (P.O. Box Number (s) Not Acceptable)
			8:	3	101 106 10 /100/10-
			-		OF Tip Code
			8-	4 City	FL 85 Zip Code
11. Pursuant to th	e provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abo	ve-named co	corporation submits this statement for the purpose of changing its registered
office or regist	ered agent, or both, in the Stat	te of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized by	y the corpor	oration's board of directors. I hereby accept the appointment as registered
J	miliai with, and accept the obig	gations of, Section 607.0303, Flor	ida Statule	J .	
SIGNATURE Signa	ture, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Ag	ent signature req	equired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
mle PD		☐ DELETE	1.1 TITLE	}	☐ Additional Control of the Control
NAME BA	rnes, W. Jeffrey		1.2 NAME		4101 NE 16th Avenue
STREET ADDRESS 15	20 NE 313T-STREET		1.3 STRE	ET ADDRESS	1 4/01 NE 16 11 Avenue
CITY-ST-ZIP FT	LAUDERDALE FL 33334		1.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	· \	
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME	İ	
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	į	☐ Change ☐ Addition
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STREET ADDRESS			4.3 STRE	ET ADORESS	
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STRE	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-		
		111 11 1 111 1	11	47	Lin Section 110 07/3Vi) Florida Statutos I further certify that the information

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, with other like empowered.

SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR