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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000008210 (4)

Principal Place of Business 12801 \$UNRISE BLVD. #851 \$UNRISE FL 33323 US 2. Principal Place of Business 2a. Mailing Address 2fg Suite, Apt. #, etc. 27 City & State City & State 28 Country Applied For Country Applied For Suite, Apt. #, etc. Country Applied For Suite, Apt. #, etc. Country Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. Country Applied For Applied For Applied For Not Applied For Soute, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Applied For Soute, Apt. #, etc. Suite, Apt. #, et	1. Corporation	MENT # P9400(AS BARRONS, INC.	3000	3210 (4	·)						
#85 SUMMISE R. 33323 SUMMI	Principal Place	of Business	Maikn	ng Address				1 :48:144: 114 \$101 \$101 \$500 \$200	88111 E V	*** ##181 14114	#1 +1 2 11 45 11 15 81
SUMPAIRE FL 33323 SUMPAIRE FL 33232 SUMP		SE BLVD.			LVD.						
Principal Pales of Business 2s Maring Address 2s Maring		33323		• .							
Supple Apt	US		US					 Date Incorporated or Qualified 02/02/1994 	3a.		
Super April # Exc		ace of Business	2a. M	ai'ıng Address	/==						Applied For
27	21		4					02/0480497			
Country Coun		≠, etc.	H	uite, Apt. #, etc.				5. Certificate of Status Desired			
28				ity & State				6 Election Campaign Enancing			
Zep	23			,							
SCHENWALD, DORON 12801 W. SUNRISE BLVD. #851 882 Street Address (P.O. Box Number is Not Acceptable) 892 Street Address (P.O. Box Number is Not Acceptable) 893 Street Address (P.O. Box Number is Not Acceptable) 894 City P.L. 85 Zip Code 895 895 Street Address (P.O. Box Number is Not Acceptable) 895 Street Address (P.O. Box Number is Not Acceptable) 895 Zip Code 895 Street Address (P.O. Box Number is Not Acceptable) 895 Zip Code 295 Zip Code 2	Zip	Country	Z ₁	р 	Co	untry		8. This corporation has liability for	intangiti		
SCHENWALD, DORON 12801 W. SUNRISE BLVD. #851 82 Street Address (P.O. Box Number is Not Acceptable)	24				30						
SCHEINWALD, DORON 12801 W. SUMRISE BLVD. #851 SUMRISE BLVD. #852 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Current	Register	ed Agent		-	r	10. Name and Address of New R	egiste	red Agent	
12801 W. SUNRISE BLVD. #851 583 584 585	SCHEIM	WALD DODON				8,	Name				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above named composition submits this statement for the purpose of changing that registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of declars. Hursely accept the appointment as registered agent. I am framfur with, and accept the obligations of Section 607 0505, florida Statutes.	12801 W	V. SUNRISE BLVD. #851				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
The Pursuant to the provisions of Sections 607.0502 and 807.1508. Florida Statutes, the above named convention submins this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Su2a change was authorized by the convention's located of declars. Thereby accept the appointment as registered agent. I am and accept the obligations of, Section 807.0505. Florida Statutes. SIGNATURE SIGNATURE SUBJECT Type To predict predicting dental production agent that the invalidation of the purpose of changing its registered agent. I am and accept the obligations of, Section 807.0505. Florida Statutes. SIGNATURE SIGNATURE SUBJECT Type To predicting dental production agent that the invalidation of the purpose of change	SUNRIS	E FL 33323				83					
FOR PROPERTY OF THE STATE OF TH						84	City		F	85 Zi	p Code
TITLE	or registere familiar wit SIGNATURE	ed agent, or both, in the State of Florid- h, and accept the obligations of, Section Synature typed or protections of registers are ta	a, Such et on 607 050 ed na dage	nange was aufhoriz 05, Floricla Statutes ਨਫ਼ਜ਼ੇ. ਜ\	red by the 3.	cort	oration's boar	rd of directors. Thereby accept the app	ointmer	nt as registered	registered office I agent. I am
NAME FURMANSKI, BARAK R 12 NAME 13 STREFT ADDRESS 13 STREFT ADDRESS 14 CITY_ST_2P			DIRECTO	V *** *** . *** - ** . *				ADDITIONS/CHANGES TO OFF	ICERS.		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not gual fy 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 cath, that I am an officer or director of the corporation or the receiver or trustee enipowered 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 BARAK R. FURMANSKI

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 846 7773