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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:38

DOCUMENT # P94000009634 (4)

1. Corporation Name
BAR-PAT, INC.

Principal Place of Business	Mailing Address
% DONALD J. THOMAS 4800 N. FEDERAL HWY., SUITE 205B BOCA RATON FL 33431	% DONALD J. THOMAS 4800 N. FEDERAL HWY., SUITE 205B BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1480 S. MILITARY TRAIL	26 1480 S. MILITARY TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 W. PALM BEACH, FL	City & State 28 W PALM BEACH, FL
Zip 24 33406 Country 25 USA	Zip 29 33406 Country 30 USA

4. FEI Number: 65-0473888 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: STEVEN T. UTRECHT, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): SANCTUARY CENTRE - SUITE 300
83 4800 NORTH FEDERAL HIGHWAY
84 City: BOCA RATON FL 85 Zip Code: 33431

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/12/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / DIRECTOR	1.1 TITLE	☐ Change ☐ Addition
NAME	PATRICIA SCHECKNER	1.2 NAME	
STREET ADDRESS	40 E 19TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10003	1.4 CITY-ST-ZIP	
TITLE	V-P/S/T/D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARRY SCHECKNER	2.2 NAME	
STREET ADDRESS	40 E 19TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10003	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS	SIGN HERE	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] BARRY SCHECKNER 3/10/95 212-808-2638
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0250053 CP