SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 21 AM 9:02
SEC. STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015072 (9)**

1. Corporation Name
BARTNICK REALTY GROUP, INC.

Principal Place of Business
2324 SE HADDON ST.
PORT ST. LUCIE FL 34984

Mailing Address
2324 SE HADDON ST.
PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1994**
3a. Date of Last Report:

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite Apt. # etc.: 22
Suite Apt. # etc.: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25 Zip: 29 Country: 30

4. FEI Number: **65-0495031** [ ] 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 [x] Yes [ ] No

9. Name and Address of Current Registered Agent
BARTNICK, VALERIE
2324 SE HADDON ST.
PORT ST. LUCIE FL 34984

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP	PRES / Valerie Bartnick / Same as above — [ ] Change [x] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP	[ ] Change [ ] Addition

14. I 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)(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 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 1 or Block 2 (if changed) or on an attachment with an address.

SIGNATURE: Valerie W Bartnick VALERIE W. BARTNICK 6/14/95 407 878 6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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