

FILE NOW: FILING FEE AFTER 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

50 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000029725 (6)

1. Corporation Name
BARBILLI INC.

Principal Place of Business
350 GULF BLVD
INDIAN ROCKS BEACH FL 34635

Mailing Address
350 GULF BLVD
INDIAN ROCKS BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/18/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3250308

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under § 195.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEYLIE, WALLACE J D
350 GULF BLVD
INDIAN ROCKS BEACH FL 34635

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 607.0502 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 typed or printed name of registered agent and title of application)

(If 212, Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT, SECT
NAME WRIGHT, WILLIAM
STREET ADDRESS 99 TOWNSEND AVE
CITY, ST, ZIP BURLINGTON ONTARIO CANADA

11 TITLE VICE PRESIDENT
12 NAME BARBARA A WRIGHT
13 STREET ADDRESS 221 TARPON INDUSTRIAL
14 CITY, ST, ZIP PRINE, TARPON SPRINGS FL 34689

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE VICE PRESIDENT
22 NAME BARBARA A WRIGHT
23 STREET ADDRESS 221 TARPON INDUSTRIAL PRINE
24 CITY, ST, ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE