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Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054254 (5)

THE BARTHLETT GROUP, INC.

8510 139TH LANE NORTH 8510 139TH LANE NORTH SEMINOLE FL 33778-2916 SEMINOLE FL 34846 Sa. Date of Last Report 3. Date Incorporated or Qualified 07/20/1994 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3259739 21 26 Not Applicable Suite, Apt #, ctc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζıρ Country Zip 6. This corporation has liability for intengible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARTHLETT, JERRY 8510 139TH LANE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 34646** 63 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or pointed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)PSTD DELETE 1.1 TITLE Change Addition TITLE BARTHLETT, JERRY 1.2 NAME R2E034 NAME 8510 139TH LANE NORTH STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 34646 1.4 CITY - ST - ZIP CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BARTHLETT, SHERMA 2.2 NAME 8510 139TH LANE NORTH 2.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 34646 CHY-SI-78 2 4 CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE __ Change Addition 4.1 TITLE THE 4. 2 NAME NAM(4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE TITLE

14. I do hereby certify that the information supplied with this filling 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 of Block 13 if chapter 607, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

City-St-ZiP

STREET ADORESS

CITY - \$1 - 70°

4/29/97 (813)541-5829

Change

Addition

FILED

May 08 1997 8:00am

Secretary of State