## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056323 (6)

BARCLOST INTERNATIONAL, LTD., INC.

Principal Plac	e of Business	Mailing Address			<u>-</u>			
4 MAIN STRE	EET	4 MAIN STREET						
SUITE 201	A. A.A.	SUITE 201	••			DO MOT MIDITE IN TO	UA AD LOT	
LOS ALTOS CA 94022 LOS ALTOS CA 94022 US US						DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE	
00		00				07/29/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	oplied For
21		26				77-038348 <b>5</b> ≥	<del> </del>	l Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	
27						C. Schilled C. Schille Decline	Fee Re	<del></del>
City & State	<del>e</del>	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	28 Zip	Cour	ntrv		Trust Fund Contribution   8. This corporation owes or has paid the	Added t	
24	25	29	30	,		Personal Property Tax due June 30.		angibie ⊈No
	9. Name and Address of Curr		1341			10. Name and Address of New Register		·
MA	NURER, JANI E ESO.			<b>81</b> Na	me			
1489 W. PALMETTO PARK RD.				82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 440						out ( .c. con Harrison to Hot Accordance)		
BC	CA RATON FL 33486		[	83				
				<b>84</b> Cit	v		. 85 Zip (	Code
	<u> </u>				-		L	i
11. Pursuant office or r	<b>to the</b> provisions of Sections 607.0 <b>ealstere</b> d agent, or both, in the Sta	502 and 607,1508, Florida St ale of Florida, Such ch <b>ange v</b>	atutes, the ab as authorized	ove-nar I by the	ned corpo corporatio	oration submits this statement for the purposion's board of directors. I hereby accept the	e of changing its	s registered registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505	i, Florida Statu	ites.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. agratarati
SIGNATURE								
12.	Signature, lyped or printed name of registered.  Of FICERS A	agent and life if applicable	(NOTE Registered	Agent sign	alure recivire	ADDITIONS/CHANGES TO OFFICERS A		20112
TITLE	PD	DELETE		 .F		ADDITIONATION AND THE CONTINUES TO OFFICE AS A	Change	Addition
NAME	STILLMAN, ABBOTT			1.2 NAME				
STREET ADDRESS	670 WHITE PLAINS RD.			EET AODR	ESS			
CITY-ST-ZIP	SCARSDALE NY 10583			Y-ST-ZIP				
TITLE	VD	DELETE	2.1 TIT				Change	Addition
NAME	BARCLAY, CHRISTOPHER		2.2 NAI	ΜE	Ì			ĺ
STREET ADDRESS	C/O B CLOSS&ASSOC., 4	MAIN ST., SUITE 201	2.3 STF	EFT ADDRI	ss			
CITY-\$T-ZIP	LOS ALTOS CA		2. 4 CIT	Y-ST-ZIP				
TITLE	TD	DELETE	3.1 TIT	F			Change	Addition
NAME	CLOSS, WILLIAM R		3.2 NA/	3.2 NAME				
STREET ADDRESS	4 MAIN ST., SUITE 201		3.3 STF	REET ADDRI	ESS			
CITY-ST-ZIP	LOS ALTOS CA 94022			3.4. CITY-ST-ZIP				
TITLE	SD DELETE BARCLAY, DAI MIN			4.1 TITLE			☐ Change	L. Addition │
NAME	C/O B. CLOSS&ASSOC., 4	MAIN OT CHITE ANA	4. 2 NA					
STREET ADDRESS	LOS ALTOS CA	MAIN SI, SUITE ZUT		EET ADDRI	:SS			
CITY-ST-ZIP	EOS ALTOS CA	DELETE		Y - ST - ZIP			Change	Addition
NAME		בן אננונ	5.1 OH				C Outside	- AUDITORI
STREET ADDRESS			3	vie Eet addri	:ss			
CITY-ST-ZIP				Y-ST-21P				
TITLE		☐ DELETE					☐ Change	☐ Addition
NAME			62 NA					
STREET ADDRESS				ieet addri	ss			
January Harrison			0.331/	LCI NODALI				1

14. I hereby certify that the information supplied with this filing 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 suppliemental 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 chapged, or on an attachment with an address.

4/27/98

**FILED** 

May 12 1998 8:00am

Secretary of State