

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000075240 (9)**

1. Corporation Name

J&K BARRY ENTERPRISES, INC.

Principal Place of Business

**2321 EMPEROR DR
KISSIMMEE FL 34744**

Mailing Address

**2321 EMPEROR DR
KISSIMMEE FL 34744**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**BARRY, KAREN E
2321 EMPEROR DR
KISSIMMEE FL 34744**

3. Date Incorporated or Qualified 10/10/1994	3a. Date of Last Report 08/25/1995
4. FEI Number 59-3288603	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	
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 607.0902 and 607.1506, 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 607.0903, Florida Statutes.

SIGNATURE

(If the Registered Agent is a corporation, the name of the corporation must be typed in this space.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	☐ DELETE
1. NAME	P BARRY, KAREN
2. STREET ADDRESS	2321 EMPEROR DR.
3. CITY, ST, ZIP	KISSIMMEE FL 34744
4. TITLE	VP
5. NAME	BARRY, JAMES
6. STREET ADDRESS	2321 EMPEROR DR.
7. CITY, ST, ZIP	KISSIMMEE FL 34744
8. TITLE	
9. NAME	
10. STREET ADDRESS	
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100. TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. NAME	
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	
5. NAME	
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99. CITY, ST, ZIP	
100. TITLE	

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Barry* **KAREN BARRY** 1-13-96 407-847-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)