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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000079592 (9)

BARANBE, INC.

C(TY - \$1 - 2))

Principal Place of Business Mailing Address 5302 NW 66TH AVENUE 5302 NW BETH AVENUE **CORAL SPRINGS FL 33087** CORAL SPRINGS FL 33067-2713 3. Date Incorporated or Qualified Sa. Date of Last Report 10/28/1994 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0537617 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 ☐ Yes ☐ No 25 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BECK, BARBARA A 5302 NW 68TH AVENUE 62 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 63 64 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: Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Addition TURE 1 1 TITLE Change BECK, BARBARA A NAME 1.2 NAME CR2E034 5302 N.W. 66TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33067** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-7/P DELETE THILE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7 P 4.4 City - St - ZiP □ DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** 

14. I do 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 arinual 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: A SUPPLIED THE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

Date Design True and Type Do Printed Profile.

6.4 CITY - ST - ZIP