FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/25/95--01036--001
***3130.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000089205 (6)

1. Corporation Name
BAR-BELL-BAR, INC.

Principal Place of Business	Mailing Address
1900 GLADES ROAD SUITE 355 BOCA RATON FL 33431	1900 GLADES ROAD SUITE 355 BOCA RATON FL 33431

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report:

4. FEI Number: 65-0538189 — 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 XX Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A
1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

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 607.0502 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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCIARRETTA, STEVEN A ESQ.
STREET ADDRESS	1900 GLADES ROAD, SUITE 355
CITY-ST-ZIP	BOCA RATON FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

XX Change ☐ Addition

Barry & Barbara Kasman
2443 N.W. 61st Diagonal
Boca Raton, FL 33496

REMITTED BY MAY 1

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: B. W. Kasman (BARBARA NITSCH-KASMAN) 3/1/95 (407) 241-8750
BARRY KASMAN (416) 867-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0287311 CP