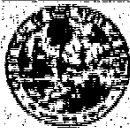


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001499046  
-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

1900 GLADES ROAD  
SUITE 355  
BOCA RATON FL 33431

Mailing Address

1900 GLADES ROAD  
SUITE 355  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

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

7. This Corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 607.05(2) and 607.1008, Florida Statutes, this 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 607.05(2), Florida Statutes.

SIGNATURE

(Signature of person who is registered agent for the corporation)

(Signature of Registered Agent, if person registered agent for the corporation)

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         |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY, ST, ZIP  |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |                                                                              |
|--------------------|-------------------------|------------------------------------------------------------------------------|
| 14. NAME           | Barry & Barbara Kasman  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME           | 2443 N.W. 61st Diagonal |                                                                              |
| 16. STREET ADDRESS | Boca Raton, FL 33496    |                                                                              |
| 17. CITY, ST, ZIP  |                         |                                                                              |
| 18. TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 19. NAME           |                         |                                                                              |
| 20. STREET ADDRESS |                         |                                                                              |
| 21. CITY, ST, ZIP  |                         |                                                                              |
| 22. TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 23. NAME           |                         |                                                                              |
| 24. STREET ADDRESS |                         |                                                                              |
| 25. CITY, ST, ZIP  |                         |                                                                              |
| 26. TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 27. NAME           |                         |                                                                              |
| 28. STREET ADDRESS |                         |                                                                              |
| 29. CITY, ST, ZIP  |                         |                                                                              |
| 30. TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31. NAME           |                         |                                                                              |
| 32. STREET ADDRESS |                         |                                                                              |
| 33. CITY, ST, ZIP  |                         |                                                                              |

REMITTED BY MAY 1

SIGNATURE:

B. W. Kasman (BARBARA NITSCH-KASMAN) 3/1/95 (407) 241-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR