

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015738 (4)

1. Corporation Name

STEPHEN BARR & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~5434 W. SAMPLE ROAD~~
~~SUITE 271~~
~~MARGATE FL 33073~~

~~5434 W. SAMPLE ROAD~~
~~SUITE 271~~
~~MARGATE FL 33073~~

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4081 COCOPLUM CIRCLE

26 4081 COCOPLUM CIRCLE

4. FEI Number

65-0594840

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State
23 COCONUT CREEK FL

27
City & State
28 COCONUT CREEK FL

24 Zip 33063 25 Country USA

29 Zip 33063 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLATKIN, SHELDON T
9900 W. SAMPLE ROAD
SUITE 400
CORAL SPRINGS FL 33065

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BARR, STEPHEN
STREET ADDRESS 5434 W. SAMPLE ROAD, SUITE 271-
CITY-ST-ZIP MARGATE FL 33073

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4081 COCOPLUM CIRCLE
1.4 CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE D ☐ DELETE
NAME WOLDMAN, BRENDA
STREET ADDRESS 5434 W. SAMPLE ROAD, SUITE 271
CITY-ST-ZIP MARGATE FL 33073

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7710 NW 50th ST APT 204
2.4 CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/91 9549759028
Daytime Phone #

CR2E034 (12/95)