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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

1. Corporation Name

STEPHEN BARR & ASSOCIATES, INC.

Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 04-21-1999 90124 047 ***150.00 DOCUMENT # P95000015738

FILED Apr 21, 1999 8:00 am Secretary of State



Principal Place	of Business	Mailing Address						
4610 191ST PL NE		4610 191ST PL NE						
SUITE 271 REDMOND WA 98053		REDMOND WA 99053			DO NOT WRITE IN THIS SPACE			
	98053	US			3. Date Incorporated or Qualifed	,, ,,QE		
US					1			
		A A A STATE OF A STATE OF THE S			02/24/1995 4. FEI Number	ΙΔn	plied For	
<u>⊢</u> ,	ace of Business	2a. Mailing Address 26 (SYUV) NE	13	o pl	· ·	⊢ +−	t Applicable	
21 15400 NC 134 26 15400 NR Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0594840	\$8.75		
Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re		
[22]								
City & Spate		City & State		1	6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
[23]							O rees	
	OUT Country US/	- Zip 6 4//37 -	Coun	rs/	8. This corporation owes the current year Inta	ngible □Yes	⊠No	
24 11/1	25	1+4)	0 6	~~~~	Personal Property Tax. 10. Name and Address of New Registered A		A	
	9. Name and Address of Current	Registøred Agent	-+	81 Name	10. Name and Address of New Registered A	Aeur		
OLATIVINI OLIFI DONI T				o i Name				
SLATKIN, SHELDON T				82 Street A	ddress (P.O. Box Number is Not Acceptable)			
9900 W. SAMPLE ROAD					717117			
SUITE 400			l	83			}	
COR	al springs fl 33065		+	84 City		85 Zip (Code	
				- 1				
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 re	egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida. Such change was aut ons of Section 607.0505. Florid	nonzea da Statu	by the corpor tes.	ation's board of directors, i hereby accept the appoint	unciil as ic	gistered	
	:'							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered /	Agent signature req	PL 85 ZIp Code Ted corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	☐ DELETE	1.1 ΠΠ	Æ		Change	☐ Addition	
NAME	BARR, STEPHEN		1.2 NA	ME			Ì	
STREET ADDRESS	4610 191ST PL NE		1.3 STF	REET ADDRESS			(
CITY-ST-ZIP	REDMOND WA 98053		1.4 CIT	Y-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITI	£		Change	Addition	
NAME	HARM, LISA		2.2 NA	ME			1	
1 1	148 CLIVEDER DR.		23.51	REET ADDRESS			1	
STREET ADDRESS	MENTON PA		1	Y-ST-ZIP			1	
CITY-ST-ZIP	D D	DELETE	3.1 TITI			☐ Change	Addition	
TITLE			3.2 NA	~ -	,		·)	
NAME	BARR, JEFFREY		8					
STREET ADDRESS	11 CRASTVEIW ST.		1	REET ADDRESS			-	
CITY-ST-ZIP	POTOMAC MD		_	Y-ST-ZIP		[] Change	Addition	
TITLE	D	☐ DELETE	4.1 TITI			L.J Gridingo		
NAME	BARR, ELLEN R		4. 2 NA	1			ļ	
STREET ADDRESS	15 SPRING COVE RD.		4.3 STI	REET ADDRESS	•		}	
CITY-ST-ZIP	NASHUM NH		_	Y-ST-ZIP				
TITLE	D e jii see jaa	☐ DELETE	5.1 TIT	I .		☐ Change	Addition	
NAME	BARR, BETH		5.2 NA	1	•		1	
STREET ADDRESS	11 BRIGHTON KROUS ST.		5.3 STI	REET ADDRESS				
CITY-ST-ZIP	BRINKLOW MD			Y-ST-ZIP	<u> </u>			
TITLE	D	☐ DELETE	6.1 TIT	LE T		Change	Addition	
NAME	BARR, RONALD		6.2 NA	ME ((
STREET ADDRESS	1913 SHEL-MAR DR.		6.3 ST	REET ADDRESS				
CITY-ST-ZIP	JAMSVILLE MD		6.4 CIT	Y-ST-ZIP				
1 2717 27.24								

14. I 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 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 adaptment with an address, with all other like empowered.

SIGNATURE:

SIGULULE REQUIRED SIGNATURE AND TYPED OFFICIAL AME OF SIGNING OFFICER OR DIRECTOR