SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000034812 (4)

1. Corporation Name

GREAT BARRIER FINANCIAL, INC.

Principal Place of Business	Mailing Address
259 CEDAR PARK CIR SARASOTA FL 34242	259 CEDAR PARK CIR SARASOTA FL 34242

3. Date Incorporated or Qualified: 05/03/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 702 SARASOTA QUAY
Suite, Apt #, etc
22
City & State
23 SARASOTA
Zip
24 34236
Country
25 SARASOTA

2a. Mailing Address
26 702 SARASOTA QUAY
Suite, Apt #, etc
27
City & State
28 SARASOTA
Zip
29 34236
Country
30 SARASOTA

4. FEI Number: APPLIED FOR — [X] 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 [X] No

9. **Name and Address of Current Registered Agent**

MAZZARANTANI, GEORGE H
240 S PINEAPPLE AVE
10TH FLOOR
SARASOTA FL 34236

10. **Name and Address of New Registered Agent**

81 Name: GERALD BLACKIE
82 Street Address (P.O. Box Number is Not Acceptable): 702 SARASOTA QUAY
83
84 City: SARASOTA FL 85 Zip Code: 34236

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] DATE 6/22/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BLACKIE, GERALD R	
STREET ADDRESS	259 CEDAR PARK CIR	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Director	[ ] Change [X] Addition
1 2 NAME	Paul E. Dion	
1 3 STREET ADDRESS	5053 Ocean Blvd. #123	
1 4 CITY-ST-ZIP	Sarasota, FL 34242	
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/22/96 941 957 4305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #