FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000036045 (9)

1. Corporation Name
L. BARRON & ASSOCIATES, INC.

[redacted]

Principal Place of Business	Mailing Address
2809 BACCARAT DR **COOPER CITY FL 33026**	**2503 BACCARAT DR** **COOPER CITY FL 33026-3741**

Incorporated or Qualified: **05/02/1995**

3a. Date of Last Report

Number: **65-0576163**

Applied Fo / Not Applic

Indicate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 | County 25

Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 | County 30

corporation has liability for intangible tax under s. 199.03, ☒ Yes ☐ No PAID

da Statutes

4. Name and Address of Current Registered Agent

BARRON, LINDA M
2503 BACCARAT DR
COOPER CITY FL 33026

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

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13.	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	**BARRON, LINDA M**	1.2 NAME	
STREET ADDRESS	**2503 BACCARAT DR**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**COOPER CITY FL 33026**	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***150.00

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5.20

14. I do 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 electronic signature shall have the same legal effect as if made under oath; 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: LINDA M. BARRON 4/30/98 (954) 432-4345

Signature of Officer or Director Date Area Code & Daytime Phone Number