

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049794 (7)

1. Corporation Name
BARRY ROBERTS LTD., INC.



Principal Place of Business: 1909 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179
Mailing Address: 1909 SOUTH OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 06/26/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0592683
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: [x] Yes [] No

2. Principal Place of Business: 21 6280 N. FEDERAL HWY, FT. LAUDERDALE, FL 33308
2a. Mailing Address: 26 6280 N. FEDERAL HWY, FT. LAUDERDALE, FL 33308
22. Suite, Apt. #, etc: HWY
27. City & State: FT. LAUDERDALE, FL
23. City & State: FT. LAUDERDALE, FL
24. Zip: 33308
25. Country: [Blank]
29. Zip: 33308
30. Country: [Blank]

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent: 81 Name: BENJAMIN B. PARNES, 82 Street Address: 1909 S. OAK HAVEN CIRCLE, 83 City: N.M. BEACH, FL, 85 Zip Code: 33179

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: Benjamin B. Parnes, BENJAMIN B. PARNES, DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE: PR. SEC.	NAME: BENJAMIN B. PARNES	STREET ADDRESS: 1909 S. OAK HAVEN CIRCLE	CITY-ST-ZIP: N.M. B. FL 33179	DELETE: []
TITLE: VPR. PRES.	NAME: ROBERT H. SCHUMAN	STREET ADDRESS: 7401 E. CYPRESS HEAD DR	CITY-ST-ZIP: PARKLAND, FL 33067	DELETE: []
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	DELETE: []
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	DELETE: []
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	DELETE: []
TITLE: [Blank]	NAME: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	DELETE: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change: [] Addition: []
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change: [] Addition: []
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change: [] Addition: []
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change: [] Addition: []
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change: [] Addition: []
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change: [] Addition: []

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 a change, or on an attachment with an address.

SIGNATURE: Benjamin B. Parnes, BENJAMIN B. PARNES, 6/13/96 (954)493-9951

CR2E034 (3/96)