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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054250 (2)

BARRINGTON FINANCIAL CORPORATION

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
1014 BELL SHOALS LANE BRANDON FL 33511 BRANDON FL 33511						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						07/10/1995	ĺ
2. Principal Place of Business 2s. Mailing Address							Applied For
21 26						59-3332234	Not Applicable
Suite, Apt #, etc. Strite, Apt #, etc. 27							Additional Required
		City & State					O May Be d to Fees
Ζιρ	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year I	
24			30				∐ No
	9. Name and Address of Curren	t Registered Agent		041	A 1	10. Name and Address of New Registered Agent	
	RRINGTON, JAMES D		1	81	Name		
1014 BELL SHOALS LANE BRANDON FL 33511				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
				63			
			}	84	City	85 Zij	p Code
				٠.	Oity .	FL ⁸⁵ ²¹	, 0000
11, Pursuant t office or re agent. Lar	to the provisions of Sections 607.050 egisterød agont, or both, in the State in familiar with, and accept the oblig:	2 and 607,1508, Florida Statute of Florida. Such change was a ations of, Section 607,0506, Flor	s, the ab uthorized rida Statu	ove- I by t ites.	named corpo the corporation	pration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment a	its registered is registered
SIGNATURE:	Signature, typed or printed roote of registeristings	AIOIS	Gueinsend	Accel	t eignot yo ropyiya	d when reinstaling) DATE	
12.	OF ICERS AND		13.	Agons	(Signatore regores	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO)BS IN 12
TITLE	PD	DELETE	1.1 111	Lŧ		☐ Change	
NAME	BARRINGTON, JAMES D		1.2 NA	ME			
STREET ADDRESS	1014 BELL SHOALS LANE		1,3 STF	REET A	DORESS		
CITY-ST-ZIP	BRANDON FL 33511		1.4 CIT	Y - \$1-	- ZIP		ì
TITLE		DELFTE	21 111	LE		☐ Change	Addition
NAME			2 2 NA	ME			Ī
STREET ADDRESS			2.3 S1F	REET A	DDRESS		
City-Sf-ZIP			2. 4 CII	[Y - \$1	- ZIP		
TITLE	DELETE		3.1 TITI	LE		☐ Change	Addition
NAME			3 2 NAI	ME	Ì		Ì
STREET ADDRESS			3.3 STF	IEET A	DDRESS		1
CITY-ST-ZIP			3.4. CIT	Y-ST	- ZIP		
TITLE		DELFTE	4.1 1(1)			Change	Addition
NAME			4. 2 NA				
STREET ADDRESS			4.3 STF	REET A	DORESS		
CITY-ST-ZIP			4.4 CII		-ZIP		
TITLE		☐ DELETE	51 111			Change	Addition
NAME			5.2 NAI				
STREET ADDRESS					DORESS		Ì
CITY-ST-ZIP			5.4 CIT		- ZIP		
TITLE		☐ DELFTE	61 Titi			Change	Addition
NAME .			6.2 NA)		-		}
STREET ADDRESS					ddress		j
CITY-ST-ZIP			6.4 CIT	Y-\$T-	ZIP		

14. Thereby 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 attachment with an address

813/689-3532