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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000055624 (7)

1. Corporation Name BARBARA'S PERSONAL SERVICES, INC. Principal Place of Business 152 8TH AVENUE SW SUITE 2A LARGO FL 33770-3613									
						3. Date Incorporated or Qualifier 07/17/1995		ate of Last 30/1996	Report
2. Principal I	Place of Business	2a. Mailing /	Address			4. FEI Number 59-3328388		J	Applied For Not Applicable
Suite, Apt	t. #, elc	Suite, Aj	pt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional Required
City & Sta	eto	27 City & S	tate			6. Election Campaign Financing		\$5.0	May Be
7 ⊕	Country	28 Zip		Countr	<u> </u>	Trust Fund Contribution 8. This corporation has liability for	or integrable	·	to Fees
4	25	29		30	,	Florida Statutes	☐ Yes 】	X No	8. 199.032,
	9. Name and Address of Cui	rrent Registered Ag	ent	61	Name	10. Name and Address of New	Registered	Agent	,
	KS, BARBARA S 2 BTH AVENAUE SW								
	TE 2A			82	Street Ad	ddress (P.O. Box Number is Not Accep	table)		
	RGO FL 34840-3613			83					
				84	City		······································	85 ZI	Code
11 Dure ian	I to the provisions of Sections 607.	0502 and 607 1508	Elorida Statut	toe the abov	in hamad a	connection submits this statement for the	FL	•	ite registered
onice or	registated agent, or sont, in the si	tate of Florida, Such	change was	authorized b	y the corpo	oration's board of directors. I hereby according	cept the app	pointment a	is registered
SIGNATURI	Signature, hypod or partied frame of registered					orporation submits this statement for th oration's board of directors. I hereby acc squired when reinstating) ADDITIONS/CHANGES TO OF	DATE		
office or agent I SIGNATURE 12.	Stignation, typed or profess name of registerer OFFICERS	d agent and title if applicable		TE: Ragistered Aç		equired when reinstating)	DATE		DRS IN 12
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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 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 (impowered 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 (813) 559-8505

FILED

Apr 29 1997 8:00am

Secretary of State