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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000055624 (7)

BARBA	RA'S PERSONAL SERVICES	S, INC.							
Principal Plac	e of Business	Mailing Address						TOTAL BUILD BEING BEI	eli bibi iabi
152 8TH AVE	NUE SW	152 8TH AVENUE SW			İ				
SUITE 2A		SUITE 2A			1				
LARGO FL 34	1640-3613	LARGO FL 34640-3613	LARGO FL 34640-3613			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					Ì		aimed		
2 Principal P	face of Business	2a. Mailing Address				07/17/1995 4. FEI Number			pplied For
21		26				59-3328388			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27				Certificate of Status Desi	red 🔲		equired
City & State	6	City & State			\neg	8. Election Campaign Finar		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Z(p	Country	,		8. This corporation owes or	has paid the	current year In	tangible
33770	-3613 ²⁵		30			Personal Property Tax du			□ No
	9. Name and Address of Curren	t Registered Agent		r		10. Name and Address of h	iew Registere	id Agent	
HIC	CK S, B arbara S		81	Name					
152 8TH AVENAUE SW				Street	Addres	s (P.O. Box Number is Not Ad	ceptable)		
	ITE 2A						·		
LAI	RGO FL 3 4840 3818 - 337 -	70-3613	63						
			84	City				85 Zip	Code
;							F	`L !	
11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familia with, and accept the obliga	2 and 607:1508, Florida Statute of Florida: Such change was a	s, the above uthorized by	e-named / the cord	corporation	ration submits this statement f n's board of directors. I hereb	or the purpose viaccept the a	e of changing it	ts registered registered
agent. I a	m familia with and accept the obliga	is Al. Section 607.0505, Flor	rida Statutes	3.			,	1	
SIGNATURE	_ Juvan	DAMIN				······································	3/24/	98	
12.	Signature, typed or printed name of registered age: OFFICERS AND		13.	nt signature	required	when reinstating) ADDITIONS/CHANGES TO	DATE OFFICEDS A	ND DIDECTOR	DC IN 12
TITLE	PD	DELETE	1.1 THILE		Vi	ce President	OFFICENSA	Change	Addition
NAME	HICKS, BARBARA S	1	1.2 NAME	1		nd D. Hicks			-3X
STREET ADDRESS	152 8TH AVENNUE SW, SUIT	F 24	1.3 STREET	ADDRESS		2 8th Ave SW,	guita	2 λ	
CITY-ST-ZIP		33770-3613	1.4 CiTY - S			rgo, FL 33770	BUILE	2A	
TITLE	2410012010010	DELETE	2.1 TITLE S		Se	cretary		Change	Addition
NAME						ristian D. Hi	cks	_ •	71
STREET ADDRESS			2.3 STREET	ADDRESS		2 8th Ave SW,		24	
CITY-ST-ZIP			2.4 CITY-S			rgo, FL 3377			
TITLE		DELET E	3.1 TITLE			<u> </u>		Change	Addition
NAME			3.2 NAME	1					
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP			3.4. CITY - S						
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAME	- 1					
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	1	•			
TITLE		DELETE	5.1 TITLE			**************************************		Change	Addition
NAME			5.2 NAME		l				
STREET ADDRESS			5.3 STREET	ADDRESS	l				
CITY-ST-ZIP	_		5.4 CITY - S	T-ZIP					
TITLE		DELETE	6.1 TITLE	$\neg \neg$				Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

14. I 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 offect 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 attachurent with an address

6.4 CITY-ST-ZIP

2-74-98/8131589-8515

FILED

Apr 15 1998 8:00am

Secretary of State