

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062518 (2)

1. Corporation Name

BARI MEN'S, INC.

Principal Place of Business

486 N PIN OAK PLACE #200
LONGWOOD FL 32779

Mailing Address

486 N PIN OAK PLACE #200
LONGWOOD FL 32779



3. Date Incorporated or Qualified

08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 309 NORTH PARK AVE.

26 309 NORTH PARK AVE.

4. FEI Number

59-3331253

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32789

25 USA

29 32789

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUTIK, YOUSUF J

486 N PIN OAK PLACE #200 340 GOLF BROOK Circle # 100
LONGWOOD FL 32779

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

Signature typed or printed name of registered agent or director or officer

(If filer is not agent, signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1. TITLE

NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

200001872382

-06/24/96--01015--024

***200.00

☐ 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)(x), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-539-7044

CR2E034 (12/95)