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

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086702

BARK CONSULTING CORP.

Principal Place	of Business	Mailing Address							
2020 SE 26 AVE 2020 SW 26 AVE						•			
FT. LAUDERDAL	E FL 33316	FT. LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualife			
						11/13/1995			
		2a. Mailing Address				4. FEI Number		T TA	pplied For
2. Principal Pi	ace of Business	⊢ ¬ •				65-0627137			ot Applicable
21	# -1- · · ·	Suite, Apt. #, etc.						\$8.75	Additional
Suite, Apt. i	#, etc.	27				5. Certifcate of Status Desired		Fee R	equired
City & State		City & State				6. Election Campaign Financin	<u> </u>	\$5.00	May Be
	5	28			•	Trust Fund Contribution	ັ ∐		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the ci	urrent year Inta	angible	
24	25	29	30			Personal Property Tax.		Yes	No
24	9. Name and Address of Current			Τ		10. Name and Address of Nev	v Registered	Agent	
				81	Name				
KNO	CHENHAUER, ARTHUR				Ctur at A date	ross (D.O. Boy Number is Not Acce	ntable)		
2020	SE 26TH AVE			82	Street Addr	ress (P.O. Box Number is Not Acce	plane)		a garage are second
FT. L	Lauderdale fl 33316			83		No. 1 (3 Propins)	图 经分类	25 14.72	4月17日日
							Alder tes		
				84	City		FL	85 Zip	Code
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	it Fiorida. Such chande was a	นแหมเล	u uv u	ne corporation	on's board of directors. Thereby acc	sept the appoi	iunom do i	ogiotoroa
SIGNATURE	Signature, typed or printed name of registered agent	que Anthon	K	\sim h	Signatura require	d when reinstating)	DATE	79	
	Conthus Knochel	and title if applicable. O DIRECTORS	K	oché d Agent	signature require	d when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. Anthon	Registere	oché d Agent	Signature require	d when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRECT	
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND NOCHENHAUER, ARTHUR 2020 SE 26TH AVE	and title if applicable. O DIRECTORS	13 1.11 1.21 1.33 1.40	Agent	ADORESS	d when reinstating) ADDITIONS/CHANGES TO (DATE OFFICERS AN		Addition
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90045 010 ***150.00