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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000001315 (6)**

1. Corporation Name
BARKLEY ACCOUNTING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7370 ORANGEWOOD LANE. BLDG 200. #103 BOCA RATON FL 33433	7370 ORANGEWOOD LANE. BLDG 200. #103 BOCA RATON FL 33433

3. Date Incorporated or Qualified: 12/29/1995
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21: 4700 North State Road 7
22 Suite, Apt. #, etc.: Suite 110
23 City & State: Fort Lauderdale FL 33314
24 Zip:
25 Country:

2a. Mailing Address
26: 4700 North State Road 7
27 Suite, Apt. #, etc.: Suite 110
28 City & State: Fort Lauderdale
29 Zip: 33319
30 Country: Broward

4. FEI Number: APPLIED FOR 65-0722-720 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STILLMAN, A. DAVID
7370 ORANGEWOOD LANE, BLDG 200, #103
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name: David Stillman
82 Street Address (P.O. Box Number is Not Acceptable): 7370 Orangewood Lane
83: Bldg 200 Apt 103
84 City: Boca Raton FL 85 Zip Code: 33433

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 and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STILLMAN, A. DAVID		1.2 NAME		
STREET ADDRESS	7370 ORANGEWOOD LANE, BLDG 200, #103		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: David Stillman 3/7/97 954 731 9000