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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 **DIVISION OF CORPORATIONS** POCUMENT # P96000042475 (9) BAROMETER SOUP, INC. Principal Place of Business Mailing Address 18360 CORAL ISLES DRIVE 18360 CORAL ISLES DRIVE **BOCA RATON FL 33498 BOCA RATON FL 33498-1974** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/17/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 26 65-0665543 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOOMAR, L B Scott SCOTT EARNEST EARNEST 2875 S. DNIVERSITY DR. Street Address (P.O. Box Number is Not Acceptable)
18340 COMAL ISLES DAINE 82 **CAME FL 38328** 83 City 84 Boca RATON 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 act is provided by the corporation of the corp SCOTT A. EARNEST DIRECTOR Signature, typed or prin OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DITEN Change TITLE 1.1 TRUE Addition **EARNEST, JAMY** NAME 18360 CORAL ISLES DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition EARNEST, SCOTT A NAME 2.2 NAME 18360 CORAL ISLES DRIVE STREET ADDRESS 2.3 STREET ADDRESS TLE **BOCA RATON FL 33498** 2. 4 CITY- ST- ZIP DELETE 3.1 TITLE Change Addition STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP TITLE & DELETE 4.1 THLE Change Addition NAME : 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZE 4.4 CITY - ST - ZIP TOLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS 114-\$1-21P 54 CITY-ST-ZIP DELETE 6.1 TITLE Change ■ Addition AME 6.2 NAME REET ADDRESS 63 STREET ADDRESS 6.4 CITY-\$1-ZIP 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 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.

GNATURE:

SCOTT A: SARIBET

3/22/97

561-883-6401