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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046877 (2)

BARCLAY FINANCIAL GROUP, INC.

1123 OVERCASH DRIVE 1123 OVERCASH DRIVE **DUNEDIN FL 34698-5522 DUNEDIN FL 34698** 3. Date incorporated or Qualified 3a. Date of Last Report 06/03/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3384056 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 🔲 Yes 🔲 No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUDOBA, STEPHEN M 101 EAST KENNEDY BLVD. STE 3700 82 Street Address (P.O. Box Number is Not Acceptable) **BARNETT PLAZA TAMPA FL 33602** 83 84 City Zip Code 85 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 obligatoris of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed traver of registered age it wild title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change XX Addition TITLE 1.1 TITLE President NAME 1.2 NAME David Coia STREET ADDRESS 1.3 STREET ADDRESS 1123 Overcash Drive 1.4 CITY - ST - ZIP CITY - ST - ZIE Dunedin, Florida 34698 DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZiP DELETE Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7iP 6.4 CITY - ST - 7IP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

Date

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 suppliendental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the deliver 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 it changed a poran pitachment with an address. (813) 733-7585

Daylime Phone #

FILED

Jan 22 1997 8:00am

Secretary of State

(96/6)