

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000049415 (8)

1. Corporation Name  
BARISH ASSOCIATES, INC.

Principal Place of Business  
2400 EAST LAS OLAS BLVD., #216  
FT. LAUDERDALE FL 33301

Mailing Address  
2400 EAST LAS OLAS BLVD., #216  
FT. LAUDERDALE FL 33301-1529



2. Principal Place of Business  
21 1500 NW 49 ST  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1500 NW 49 ST  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
06/07/1996

3a. Date of Last Report

22 SUITE 500  
City & State  
23 FT. LAUDERDALE FL  
Zip 33309 Country USA

27 SUITE 500  
City & State  
28 FT. LAUDERDALE FL  
Zip 33309 Country USA

4. FEI Number  
65-0677205 14151232  
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

BARISH, MORTON  
1500 N.W. 49TH STREET, SUITE 500  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name BARISH, MORTON  
82 Street Address (P.O. Box Number is Not Acceptable)  
434 HENDRICKS ISLE, Box B  
83  
84 City FT. LAUDERDALE FL 85 Zip Code 33301

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

TITLE	PSTD	DELETE
NAME	BARISH, MORTON	
STREET ADDRESS	2400 EAST LAS OLAS BLVD., #216	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARISH, MORTON	
1.3 STREET ADDRESS	434 HENDRICKS ISLE, Box B	
1.4 CITY-ST-ZIP	FT. LAUDERDALE 33301, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTON BARISH

Date

Daytime Phone

16 JAN '97 954-202-0001

CR2E034 (9/96)