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FILED
Jun 04 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 # P96000056642 (7)

1. Corporation Name
BAR-J.P. INC.



Principal Place of Business
5355 TOWN CENTER ROAD
#301
BOCA RATON FL 33486

Mailing Address
5355 TOWN CENTER ROAD
#301
BOCA RATON FL 33486-1068

2. Principal Place of Business

21 102 North Swinton Ave.

Suite, Apt. #, etc.

22

City & State

23 Delray Beach, FL

Zip

24 33444

Country

25 USA

2a. Mailing Address

26 102 North Swinton Ave

Suite, Apt. #, etc.

27

City & State

28 Delray Beach, FL

Zip

29 33444

Country

30 USA

3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

4. FEI Number

65-0681998

Applied For

Not Applicable

5. Certificate of Status Desired

☒ A

\$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

Schwartz, Robert M
5355 TOWN CENTER ROAD
#301
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

Schwartz, Robert M.

82 Street Address (P.O. Box Number is Not Acceptable)

83

102 North Swinton Avenue

84 City

Delray Beach

FL

85 Zip Code

33444

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

Robert M. Schwartz

Robert M. Schwartz

3/21/97

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 PD
NAME PARISER, PAUL S
STREET ADDRESS 5355 TOWN CENTER RD. #301
CITY-ST-ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Pariser, Paul S
1.3 STREET ADDRESS 102 North Swinton Ave
1.4 CITY-ST-ZIP Delray Beach, FL 33444

2.1 TITLE V.P./Sec/Treas ☐ Change ☒ Addition
2.2 NAME Reid, Lucie S.
2.3 STREET ADDRESS 102 North Swinton Ave
2.4 CITY-ST-ZIP Delray Beach, FL 33444

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 *Lucie S. Reid* 406
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CR2E034 (9/96)