

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # P96000062404 (4)

1. Corporation Name
THE BARBAR COMPANY



Principal Place of Business
150 E PALMETTO PARK RD
SUITE 646
BOCA RATON FL 33432

Mailing Address
150 E PALMETTO PARK RD
SUITE 646
BOCA RATON FL 33432-4827

2. Principal Place of Business

21 150 E. PALMETTO PARK RD

Suite, Apt. #, etc.

22 SUITE 525

City & State

23 BOCA RATON

Zip

24 FL

Country

25 33432

2a. Mailing Address

26 150 E PALMETTO PARK RD

Suite, Apt. #, etc.

27 SUITE 525

City & State

28 BOCA RATON

Zip

29 FL

Country

30 33432

3. Date Incorporated or Qualified

07/25/1996

3a. Date of Last Report

4. FEI Number

65-0688998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

BARBAR, ANTHONY K
150 E PALMETTO PARK RD
SUITE 646
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

BARBAR, ANTHONY K.

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

150 E. PALMETTO PARK RD

83

SUITE 525

84

BOCA RATON

FL

85

Zip Code

33432

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, 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 aware that I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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]

4-21-97

CR2E034 (9/96)