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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062404

1. Corporation Name

THE BARBAR COMPANY

IIIC DAI	IDAII OOMI ART									
Principal Place	e of Business	Mailing Address				L IMBIIMBI II	. 18110 81111 88111 8			
150 E PALMETTO PARK RD STE 5225		150 E PALMETTO PARK RO STE 525							0.004.05	
BOCA RATON FL 33432		BOCA RATON FL 33432				DO NOT WR		SPACE		
US		US				 Date Incorpora 07/25/1996 			· 	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			. Ap	plied For
21		26				<u>65-06889</u> 98	3			t Applicable
Suite, Apt.	#, etc. 525	Suite, Apt. #, etc.				5. Certifcate of Si	tatus Desired		\$8.75 A Fee Re	
City & State		City & State				6. Election Camp	aign Financing		\$5.00	•
23		28				Trust Fund Co			Added t	o Fees
Zip	Country	Zip	Count	try		8. This corporation		тепt year Iг		Пи.
24	25	29	30			Personal Prop		D - 1-4		□No
	9. Name and Address of Curr	rent Registered Agent		04		10. Name and Ad	dress of New	Registered	Agent	
DAD	DAD ANTUCKIV K		1	81 1	Name			•		
BARBAR, ANTHONY K 150 E PALMETTO PARK RD			3	82 8	Street Addre	ess (P.O. Box Numbe	er is Not Accep	table)		
STE			1	83						
BOC	CA RATON FL 33432		\ <u></u>	<u>.</u>	Dia				85 Zip (`ode
			'	84 (City			· FI	_ 83 2.10 \	2006
) office or n	to the provisions of Sections 607.0 registered agent, or both, in the Stal m familiar with, and accept the obli	ite of Florida. Such change was a igations of, Section 607.0505, Flo	orida Statut	by the tes.	e corporation	n's board of directors	i. I hereby acce	spt trie appt	ointment as reg	gistered
office or n agent. I a SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the obli- Signature, typed or printed name of registered a	ite of Florida. Such change was a gations of, Section 607.0505, Flo	orida Statut Registered A	by the tes.	e corporation	when reinstating)	i nereby acce	DATE	Minnerit as re	
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14. I 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 of suppliemental 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 of 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 charged an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR X.G. BARBAR 2/4/99