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
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P96000069711 (5)

1. Corporation Name
BAR-MAR INCORPORATED

Principal Place of Business
2655 N.W. 46TH STREET
BOCA RATON FL 33434

Mailing Address
2655 N.W. 46TH STREET
BOCA RATON FL 33434-2590

3. Date Incorporated or Qualified
08/21/1996

3a. Date of Last Report

4. FEI Number
65-0692896

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

2. Principal Place of Business
21 7601 N. FEDERAL Hwy.
Suite, Apt #, etc
22 B 240
City & State
23 BOCA RATON
Zip 24 33487
Country 25 USA

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29
Country 30

9. **Name and Address of Current Registered Agent**
BASCONE, LLOYD F
2655 N.W. 46TH STREET
BOCA RATON FL 33434

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (type or print name of registered agent, and title if applicable) (SEAL) (Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BASCONE, LLOYD F	
STREET ADDRESS	2655 N.W. 46TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	[ ] DELETE
NAME	GERSTEN, S. WILLIAM	
STREET ADDRESS	5 BLUE SKY LANE	
CITY-ST-ZIP	MONTVALE NJ 07645	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
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: Lloyd F Bascone Lloyd F Bascone 3/12/97 561-338-7515

CR2E034 (9/96)