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Apr 10 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 # P96000094388 (1)

1. Corporation Name
BARLICO CORP.



Principal Place of Business: 11 WEST 16TH ROAD, PALM COAST FL 32137
Mailing Address: 11 WEST 16TH ROAD, PALM COAST FL 32137-3225

3. Date Incorporated or Qualified: 11/14/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-311162
Applied For: [Blank]
Not Applicable: [Blank]
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 [X] No

2. Principal Place of Business: 21 [Blank] Suite, Apt. #, etc. 22 [Blank] City & State 23 [Blank] Zip 24 [Blank] Country 25 [Blank]
2a. Mailing Address: 26 [Blank] Suite, Apt. #, etc. 27 [Blank] City & State 28 [Blank] Zip 29 [Blank] Country 30 [Blank]

9. Name and Address of Current Registered Agent
LIONARONS, JOHN H
11 WEST 16TH ROAD
PALM COAST FL 32137

10. Name and Address of New Registered Agent
81 Name: Lionarons, Georgia V.
82 Street Address (P.O. Box Number is Not Acceptable): 11 West 16th Road
83 City: Palm Coast FL
84 City: FL 85 Zip Code: 32137

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: Georgia V. Lionarons DATE: 4/4/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LIONARONS, JOHN H	
STREET ADDRESS	11 WEST 16TH ROAD	
CITY-ST-ZIP	PALM COAST FL 32137	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lionarons, Georgia V.	
2.3 STREET ADDRESS	11 West 16th Road	
2.4 CITY-ST-ZIP	Palm Coast, FL 32137	
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: Georgia V. Lionarons DATE: 4/4/97

CR2E034 (9/96)