

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90077 039 ***150.00

DOCUMENT # P96000100625

1. Corporation Name
P.B. BARTER, INC.



Principal Place of Business
1101 NORTH CONGRESS AVE
SUITE 202
BOYNTON BEACH FL 33426
US

Mailing Address
1101 NORTH CONGRESS AVE
SUITE 202
BOYNTON BEACH FL 33426
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 619 N. DIXIE HWY		26 619 N. DIXIE HWY		12/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 LAKE WORTH FL		27 LAKE WORTH FL		65-0714617	
City & State		City & State		Applied For	
23 33460		28 33460		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		8.75 Additional Fee Required	
24		25		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

FRIM, KURT M ESQUIRE
1499 WEST PALMETTO PARK ROAD
SUITE 180
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	ECKER, MICHAEL	1.2 NAME	STUART MENDELSON
STREET ADDRESS	1101 NO. CONGRESS AVE SUITE 202	1.3 STREET ADDRESS	619 N. DIXIE HWY
CITY-ST-ZIP	BOYNTON BEACH FL 33426	1.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	VD	2.1 TITLE	VICE PRES.
NAME	ECKER, HELENE	2.2 NAME	HELENE ECKER
STREET ADDRESS	1101 N. CONGRESS AVE SUITE 202	2.3 STREET ADDRESS	619 N. DIXIE HWY
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: X. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 561 585 1970

Date

Daytime Phone #

CR2E034 (11/98)

0333833