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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700000157 (2)

BARNA & ASSOCIATES, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			
1		~			
5980 MIDNIGHT PASS ROAD STE 342 5980 MIDNIGHT PASS SARASOTA FL 34242 SARASOTA FL 34242			AD STE 342		
		ONTROOTS TE STETE		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/02/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26 POBOX 20106		65 0719 880	Not Applicable
22 ~	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
	ASOTA, FL	28 SANASOTA.	EL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	This corporation owes or has paid the cur	
24 342	42 25 SARASOTA		30 SARASOTA	Personal Property Tax due Jurie 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registered	
KING, CLIFFORD M 81 Name					
1900 CECOND CT CTE OFF				dress (P.O. Box Number is Not Acceptable)	
	RASOTA FL 34236		Sileer Auc	tress (F.O. Box Number is Not Acceptable)	
			83	<u> </u>	
			04 00		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above-named cor	rporation submits this statement for the purpose of	changing its registered
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		114HATL BAKNA		a -	u 27.1488
SIGNATURE	Signature, typed or printed name of registered agest	and the it applicable (NOTs:	Registered Agent signature requ	Lired when reinstating) DATE	2111110
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE		☐ DELETE			Change Addition
NAME			12 NAME	highael Barna Jr	
STREET ADDRESS			1.3 STREET ADDRESS 6	.034 E. PEPPERTRUE V	V 44
CITY-ST-ZIP		<u>.</u>	1.4 CITY-ST-ZIP	BARASOTA, FL. 34242	:_
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		İ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further cer	rtify 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.