

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**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90116 005 \*\*\*\*150.00

DOCUMENT # **P97000004230**

1. Corporation Name  
**BARSTOOLS & MORE, INC.**

Principal Place of Business  
**15323 S. DIXIE HIGHWAY  
MIAMI FL 33157**

Mailing Address  
**15323 S. DIXIE HIGHWAY  
MIAMI FL 33157**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/15/1997</b>	
i Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0717505</b>	
City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		29		30	
9. Name and Address of Current Registered Agent <b>MATZ, MORRIS 8340 SW 81 LANE MIAMI FL 33143</b>				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	

1. 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	
2. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE				1.2 NAME			
1.3 STREET ADDRESS				1.4 CITY-ST-ZIP			
2.1 TITLE				2.2 NAME			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
3.1 TITLE				3.2 NAME			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
4.1 TITLE				4.2 NAME			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
5.1 TITLE				5.2 NAME			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
6.1 TITLE				6.2 NAME			
6.3 STREET ADDRESS				6.4 CITY-ST-ZIP			

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/198)

1/31/99-305-232-5499