## 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

## DOCUMENT # P9700004881

1. Corporation Name

BARR-W	ELCH FILMS, INC.					
Principal Plac	ce of Business	Mailing Address			<del></del>	
3410 DEBAZAN AVE 3410 DEBAZAN AVE ST PETE BEACH FL 33706 ST PETE BEACH FL 3370						
`						DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualifed
2 Dringing F	Place of Business	2a. Mailing Address			_	01/13/1997  4. FEI Number Applied For
21	riace of business	26				APPLIED FOR 59343/143 Not Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.	_		··	_ \$8.75 Additional
22	,	27				5. Certificate of Status Desired Fee Required
City & Sta	te	City & State				6. Election Campaign Financing \$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		•		~- Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible
24	25		30	r-		Personal Property Tax.
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Agent
MAN	SON, DOUGLAS P					
	S. OREGON AVENUE			82	Street Ad	Address (P.O. Box Number is Not Acceptable)
	PA FL 33606			83		
				Ш		
4				84	City	FL 85 Zip Code
11. Pursuant	t to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove	-named co	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State o	of Florida. Such change was a ions of, Section 607,0505, Flo	uthorized rida Stati	d by 1 utes.	the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent			Agent	t signature requ	quired when reinstating) :DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D MELON MICHAELE	DELETE □ DELETE	1.1 π			Change Addition
NAME	WELCH, MICHAEL F		1.2 NA	AME	1	
	3410 DEBAZAN AVENUE ST PETE BEACH FL 33706					
CITY-ST-ZIP	SI PETE BEACH PL 33/00				ADDRESS	
TITLE NAME	In .	□ DELETE	1.4 C7	TY-ST		☐ Change ☐ Addition
	D RADD JAMES	☐ DELETE	1.4 CF	TY-ST		☐ Change ☐ Addition
	D  BARR, JAMES  3410 DERAZAN AVENUE	DELETE	1.4 Cf 2.1 Tf 2.2 N/	TTY-ST TLE AME	r-ziP	☐ Change ☐ Addition
STREET ADDRESS	3410 DEBAZAN AVENUE	DELETE	1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TTY-ST TLE AME TREET	ADORESS	☐ Change ☐ Addition
		☐ DELETE	1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TY-ST TLE AME TREET CITY-ST	ADORESS	☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS	3410 DEBAZAN AVENUE		1.4 CF 2.1 TF 2.2 N/ 2.3 ST 2.4 C	TY-ST TLE AME TREET CITY-ST TLE	ADORESS	
STREET ADDRESS CITY-ST-ZIP TITLE	ST PETE BEACH FL 33706		1.4 C7 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/	TTY-ST TLE AME TREET CITY-S TLE AME	ADORESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	ST PETE BEACH FL 33706		1.4 C7 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1	TTY-ST TLE AME TREET CITY-S TLE AME	ADORESS T-ZIP ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ST PETE BEACH FL 33706		1.4 C7 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1	TTY-ST TILE AME TREET TILE AME TREET TREET	ADORESS T-ZIP ADDRESS	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST PETE BEACH FL 33706	□ DELETE	1.4 C/I 2.1 T/I 2.2 N/I 2.3 S/I 2.4 C/I 3.1 T/I 3.2 N/I 3.3 S/I 3.4 C/I 4.1 T/I 4.2 N/I	TY-ST TLE AME TREET TLE AME TREET TREET TREET TLE TREET	ADORESS T-ZIP ADDRESS	Change Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRESS

CITY-ST-ZIP

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90113 048 \*\*\*150.00