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

PROFIT CORPORATION ANNUAL REPORT

1998



FJ.ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretally of State DIVISION OF CORPORATIONS

DOCUMENT # P9700083017 (8)

FILED
May 01 1998 8:00am
Secretary of State

JEAN BARRY AND ASSOCIATES, INC.					
Principal Place	e of Business	Mailing Address			
	87., STE. 850	1800 SECOND ST., STE. 850			
SARASOTA FI	L 34236	SARASOTA FL 34236	SARASOTA FL 34236		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
A Bulancia of Di		A A A A A A A A A A A A A A A A A A A			09/24/1997
21 Principal Pi	lace of Business	2a. Mailing Address			4-FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22]		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	Zip	Coun	trv	Trust Fund Contribution
24	25	29	30		Personal Property Tax due June 30. Yes No
*****	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	RAN, MICHAEL	1		Name	
	O SECOND ST., STE. 850	a //	1	Street A	Address (P.O. Box Number is Not Acceptable)
SAI	RA80TA FL 34236		1	33	
				City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.9 02	and 607, 1508, Florida Statut	les, the abo	ove-named o	corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607,902 and 607,508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 register agent. I arm lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	Land dea it applicable (NO)	F: Ponistered	Annal eigneture r	required when reinstating) DATE
12.	OFFICERS AND		13.	Agoni signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E	☐ Change ☐ Addition
NAME	RAYFIELD, BEVERLY			1E	
STREET ADDRESS	3255 PINE VALLEY DR.		1.3 STR	EET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	T oc. rec		(-ST-ZIP	4.00
TITLE	D BADNEC MULIANA	DELETE	2.1 TITL		Change Addition
NAME STREET ADDRESS	BARNES, WILLIAM L 3255 PINE VALLEY DR.		2.2 NAM	EET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239			Y-ST-2IP	
TITLE	DELETE		3.1 TITL		☐ Change ☐ Addition
NAME			3.2 NAM	1E	
STREET ADDRESS			3.3 STR	EET ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	
TITLE		☐ DELE te	4.1 TITL	1	☐ Change ☐ Addition ☐
NAME			4. 2 NAN		
STREET ADDRESS				EE1 ADORESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CHY 5.1 TITL	r-ST-ZIP	☐ Change ☐ Addition
NAME			5.2 NAM	1	
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITL		☐ Change ☐ Addition
NAME			. 6.2 NAM	E	
STREET ADDRESS			6.3 STRI	EET ADDRESS	
CITY-ST-ZIP		1.41.70		'-ST-ZIP	
TAL IDECADO A	errov mer the information supplied wit	n mie niioo aoos not ouelity t	or the even	nation etated	In Section 119 07(3Vi) Florida Statutes I further certify that the information

4. 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 supplientental 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.

CIGNATURES & Blank

TA -37-98 941-9220798