

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 24, 1999 8:00 am
Secretary of State

02-24-1999 90146 001 ***150.00

DOCUMENT # P98000062617

1. Corporation Name
BARCLAY SQUARE, INC.

Principal Place of Business
400 HIGH POINT DR. STE 500
COCOA FL 32926

Mailing Address
400 HIGH POINT DR. STE 500
COCOA FL 32926



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1998

4. FEI Number

59-2997860

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

Principal Place of Business

2a. Mailing Address

1996 SHWY 1

26 1996 SHWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ROCKLEDGE FL

27 ROCKLEDGE FL

City & State

City & State

ROCKLEDGE FL

28 ROCKLEDGE FL

Zip

Zip

32955 25 USA

29 32955 30 USA

Country

Country

9. Name and Address of Current Registered Agent

TIMMINS, SUSAN
400 HIGH POINT DR, STE 500
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name THOMAS J. PRICE

82 Street Address (P.O. Box Number is Not Acceptable)

1996 S HWY 1

83

84 City ROCKLEDGE FL 85 Zip Code 32955

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1.2 NAME	THERESA ABLUZZO PRICE	
	1.3 STREET ADDRESS	1996 S HWY 1	
	1.4 CITY-ST-ZIP	ROCKLEDGE FL. 32955	
<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	2.2 NAME	THOMAS J. PRICE	
	2.3 STREET ADDRESS	1996 S HWY 1	
	2.4 CITY-ST-ZIP	ROCKLEDGE FL. 32955	
<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME		
	3.3 STREET ADDRESS		
	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME		
	4.3 STREET ADDRESS		
	4.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	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: THOMAS J. PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

Date

Daytime Phone #

407 632-2554

CR2E034 (11/98)