Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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 # P98000080683

1. Corporation Name

BARTOPS INTERNATIONAL INC.

JAWORSKI, DOREEN

4355 BOGGY CREEK RD

5,411-51-5-111-111-111-111-11-11				
Principal Place of Business	Mailing Address	- () () () () () () () () () (
4355 BOGGY CREEK RD KISSIMMEE FL 34744	4355 BOGGY CREEK RD KISSIMMEE FL 34744	DO NOT WRITE IN THIS SPACE		
		3. Date incorporated or Qualifed 09/14/1998		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution A		
Zip Country 24 25	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		
<u></u>	f Current Registered Agent	10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90136 042 ***150.00



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

KISSIMMEE FL 34744		83					
		_		85 Zip Code			
		84	City	FL 85 Zip Code			
11. Pursuant	44. Dispused to the purpose of Sections 607 0502 and 607 1508. Elorida Statutes the phone pared compration 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-typod or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	3.7.132.137.1132	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE 1	.1 TITLE		V Walter E. Jaw ORSthange Maddition 4355 Booky Creek Rd KISSI mmee, FL 34744 The Day Towns of the Change Maddition			
NAME	JAWORSKI, DOREEN	2 NAME		11350 Roda Crock Rd			
STREET ADDRESS	4355 BOGGY CREEK RD	.3 STREET	ADDRESS	7335 30009 0, 500,00			
CITY-ST-ZIP		4 CITY-S	r-ZiP	NISSIMMER, FL 38789			
TITLE	DELETE 2	.1 TITLE					
NAME		2.2 NAME		4355 BOGGY Creek Rd			
STREET ADDRESS		.3 STREE	ADORESS	7555 0007 0007			
CITY-ST-ZIP		2. 4 CITY-5	T-ZIP	Rissimmee, FL 39789			
TITLE	☐ DELETE :	3.1 TITLE		Kissimmee, FL 34744 5 Rebetca Krebs Change MAddition 4355 Bossy Creek Rd Kissimmee, FL 34744			
NAME	[:	3.2 NAME		4255 Bosty Creek Ad			
STREET ADDRESS] 3	3.3 STREE	ADDRESS	El Sugar			
CITY-ST-ZIP		3.4. CITY-5	T-ZIP	RISSIMMER, 1-58/199			
TITLE	DELETE 4	I.1 TITLE		Change Addition			
NAME	I 4	I. 2 NAME					
STREET ADDRESS	}	L3 STREE	ADDRESS				
CITY-ST-ZIP		1.4 CITY-S	T-ZIP				
TITLE	1	5.1 TITLE		☐ Change ☐ Addition			
NAME	{ 	5.2 NAME					
STREET ADDRESS		5.3 STREE	ADDRESS				
CITY-ST-ZIP		5.4 CITY-S	T-ZIP				
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME	· ·	32 NAME					
STREET ADDRESS	}	3.3 STREE	ADDRESS				
CITY-ST-ZiP		6.4 CITY-S	T-ZIP				

81 Name

82

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: