

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90013 043 ***150.00

DOCUMENT # P98000087639

1. Corporation Name

BARCLAY'S GROUP INTERNATIONAL FINANCIAL PLANNING
& INSURANCE, INC.

Principal Place of Business

249 PERUVIAN AVE STE F5
PALM BEACH FL 33480

Mailing Address

249 PERUVIAN AVE STE F5
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

65 0866712

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

9. Name and Address of Current Registered Agent

BURNS, GLENN A
249 PERUVIAN AVE STE F5
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

G. Steven Brannock

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

1800 So. Australian Ave., Ste. 402

83

84 City

West Palm Beach

FL

85 Zip Code

33409

11. 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

G. Steven Brannock

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS BURNS, GLENN A
CITY-ST-ZIP 249 PERUVIAN AVE STE F5
PALM BEACH FL 33480

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P
1.3 STREET ADDRESS Glenn A. Burns
1.4 CITY-ST-ZIP 249 Peruvian Ave., STE. F5
Palm Beach, FL 33480

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Exec. V/S/T
2.3 STREET ADDRESS Gregory Weadock
2.4 CITY-ST-ZIP 1527 S. Flagler Dr., #110F
West Palm Beach, FL 33401

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME CD
3.3 STREET ADDRESS Robert Wyner
3.4 CITY-ST-ZIP 249 Peruvian Ave.
Palm Beach, FL 33480

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS Shirley Wyner
4.4 CITY-ST-ZIP 249 Peruvian Ave.
Palm Beach, FL 33480

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED
Robert Wyner

4/28/99

Date

561-659-0000

Daytime Phone #

CR2E034 (11/98)