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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18326 (6)

1. Corporation Name
BARR SAMPSON SAMPSON ASSOCIATES, INC.

Principal Place of Business
1012 PBL BLVD.
WEST PALM BEACH FL 33401
US

Mailing Address
13484 NW 6TH DR.
FT. LAUDERDALE FL 33325-6138
US

3. Date Incorporated or Qualified 12/10/1990
3a. Date of Last Report 04/24/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Zip | | 29 Country | | 30 Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

ERIK VON OSTRAND
GUARDIAN MANAGEMENT, INC.
1660 SOUTHERN BOULEVARD SUITE K
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | ST | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARR, BEATRICE | 12 NAME | |
| STREET ADDRESS | 13484 NW 6TH DR. | 13 STREET ADDRESS | |
| CITY - ST - ZIP | FT. LAUDERDALE FL 33325 | 14 CITY - ST - ZIP | 33325 |
| TITLE | P | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMPSON, LEO | 22 NAME | |
| STREET ADDRESS | 4061 BARNES AVE. | 23 STREET ADDRESS | |
| CITY - ST - ZIP | BRONX NY 10466 | 24 CITY - ST - ZIP | 10466 |
| TITLE | VP | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAMPSON, JAMES | 32 NAME | |
| STREET ADDRESS | 920 TRINITY AVE., #3H | 33 STREET ADDRESS | |
| CITY - ST - ZIP | BRONX NY 10456 | 34 CITY - ST - ZIP | 10456 |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: *Beatrice Barr* BEATRICE BARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 9, 1997

954-846-0834
Daytime Phone #

CR2E034 (9/96)