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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S26424** 1. Corporation Name

BARTON ENTERPRISES, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90265 041 ***150.00



5 (1)	of During	Mailing Address					
Principal Place	of Business	Mailing Address			·		
6671 W. INDIANTOWN ROAD #50 6671 W. INDIANTOWN ROAD JUPITER FL 33458 JUPITER FL 33458			#50		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					01/22/1991		1
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	$$ Γ_i	Applied For
<u> </u>	——————————————————————————————————————						Not Applicable
21 Suite, Apt. #	t ata	26 Suite, Apt. #, etc.			_		5 Additional
22 Suite, Apr. #	-, etc.	27			5. Certificate of Status Desired	Feel	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be ed to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	ļ
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cui				10. Name and Address of New Register	d Agent	
			8	1 Name			
BENS	SON, BART				(D.O. D. M. The Control of the Contr		
	6 LAKE BEND DR		8.	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	TER FL 33458		8	3			
1 00.11	E 44 100			1 _			
}			8	4 City		85 Zi	ip Code
							ite and distanced
office or re agent. I an	raistered agent or both in the St	late of Florida. Such change was autholigations of, Section 607.0505, Florida	iorizea d	v tne corbora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered	Lagent and title of applicable (NOTE: Re	nistered Ad	ent signature regu	ired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	0	☐ DELETE	1,1 TITLE			Chang	
1	-		1.2 NAME	ì			
NAME	BENSON, BART		1				
STREET ADDRESS	18546 LAKE BEND R			ET ADDRESS			
CITY-ST-ZIP	JUPITER FL		1.4 CITY				e Addition
TITLE		☐ DELETE	2.1 TITLE			☐ Chang	je 🖸 Addition
NAME			2.2 NAME	:			
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			•
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	ge 🔲 Addition
		_ ·	3.2 NAME				
NAME							
STREET ADDRESS	_		l	ET ADORESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· ·	3.4. CITY			Chang	ge Addition
TITLE		☐ DELETE	4.1 TITLE			_] crially	, □ ∩udition
NAME			4. 2 NAM	E (
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			•
TITLE		☐ DELETE	5.1 TITLE			Chang	ge Addition
NAME			5.2 NAM	=			
1 1				ET ADDRESS			
STREET ADDRESS			5.4 CITY	l l			
CITY-ST-ZIP			6.1 TITLE			☐ Chang	ge Addition
TITLE		☐ DELETE					,
NAME			6.2 NAM	}			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY, ST. 7IP			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: