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 # \$36767

1. Corporation Name

BARDEN PLANNING, INC.

Principal	Place	of	Business

110 E BOCA RATON RD.

CITY-ST-ZIP

Mailing Address

110 E. BOCA RATON RD.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90146 048 ***150.00



	A RATON FL 33432 BOCA RATON FL 33432			DO NOT WRITE IN THI	S SPACE	
US		US		3. Date Incorporated or Qualifed	5 61 /102	
				03/05/1991		1
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21 127 F	Roca Ostona PX	26 120 E. BOX	s Detail 21	65-0248735	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	S-CHEW LOCK		\$8.75 A	dditional
22	•	27		5. Certifcate of Status Desired	Fee Rec	auired
City & State	e O 1 -	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Boco	- Potou FL	28 5000 600	m, TL	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	C 6 untry	8. This corporation owes the current year le		
24 35	432 25 <u></u>	29 33432 3	0	Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent	<u> </u>	10. Name and Address of New Registered	I Agent	
DAD	DEN BOY A		81 Name t2	Barolous Roy O.		
	DEN, ROY O		82 Street Add	ress (P.O. Box Namber is Not Acceptable)		
	E BOCA RATON RD.		120 E	E, BOCH LOTONICO		
BOC	A RATÓN FL 33432		83			
	•		84 City	D 1 =-	85 Zip C	ode
			Box	Laton, FI		432
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appropriate the submits of th	of changing its recontract	registered uistered
agent. I a	in familiar with, and accept the obliga	itions of, Section 607.0505, Florid	la Statutes.	t I		
SIGNATURE	LOUD. KAYELLA P	MARIROLDIK	ardom,	5/199		_
OIGHATORE	Signature typed or printed name of registered age		egistered Agent signature require			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR Change	RS IN 12
TITLE	PT	☐ DELETÉ	1.1 TITLE		☐ Change	☐ X0010011
NAME	ROY O. BARDEN		1.2 NAME			
STREET ADDRESS	120 E BOCA RATON RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	₽	☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			1
STREET ADDRESS	·		2.3 STREET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			F-1 - (170
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP		•	
ήπε		☐ DELETE	5.1 TITLE		Change	Addition
\$ NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	"		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	74		6.2 NAME	•		
CIDEET ADDRESS			6.3 STREET ADDRESS			

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 charged, or on an affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: