## 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

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90187 049 \*\*\*150.00

DOCUMENT # S94027  1. Corporation Name BARIDA CORP.	
Principal Place of Business Mailing Address	
7066 AYRSHIRE LANE BOCA RATON FL 33496 BOCA RATON FL 33496	
BOOK TIKE SOUTH	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	11/13/1991
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
26	65-0300773   Not Applicable
Suite, Apt. #, etc.	5. Certifcate of Status Desired See Required
22	
¬ · · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip         Country         Zip         Country	
24 25 29 30	Personal Property Tax.
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81	Name
TANEY, BARRY	Street Address (P.O. Box Number is Not Acceptable)
7066 AYRSHIRE LANE	Street Address (F.O. Box Nothioer is Not Acceptable)
BOCA RATON FL 33496	
	City 85 Zip Code
84	City FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes</li> </ol>	the corporation's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes	the corporation's poard of directors. I hereby accept the appointment as registered;  It signature required when reinstating)  DATE
office or registered agent, or both, in the State of Florida. Such change was authorized by 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)  12. OFFICERS AND DIRECTORS  13.	the corporation's board of directors. I hereby accept the appointment as registered in signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by 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)  12. OFFICERS AND DIRECTORS  13.  TITLE  D  DELETE  1.1 TITLE	the corporation's poard of directors. I hereby accept the appointment as registered;  It signature required when reinstating)  DATE
office or registered agent, or both, in the State of Florida. Such change was authorized by 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.  NAME  OFFICERS AND DIRECTORS  13.  11TLE  D  TANEY, BARRY  12 NAME	nt signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by 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.  OFFICERS AND DIRECTORS  13.  TITLE  D  TANEY, BARRY  TANEY, BARRY  7066 AYRSHIRE LANE  1.3 STREET	the corporation's board of directors. I hereby accept the appointment as registered in signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  TITLE  D  TANEY, BARRY  TANEY, BARRY  TOBA AYRSHIRE LANE  CITY-ST-ZIP  BOCA RATON FL  1.1 TITLE  1.3 STREET  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP	the corporation's board of directors. I hereby accept the appointment as registered in signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  TADDRESS  TT-ZIP
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  TITLE D D DELETE 1.1 TITLE  NAME TANEY, BARRY  TREET ADDRESS  CITY-ST-ZIP BOCA RATON FL 1.4 CITY-S  TITLE D DELETE 2.1 TITLE  D DELETE 2.1 TITLE  D DELETE 2.1 TITLE	nt signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  TITLE  D  TANEY, BARRY  TANEY, BARRY  TOR6 AYRSHIRE LANE  CITY-ST-ZIP  D  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST-ZIP  D  TANEY, RICHARD  DELETE  2.1 TITLE  D  TANEY, RICHARD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDRESS TADDRESS TADDRES
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  TITLE  NAME  TANEY, BARRY  TANEY, BARRY  TOR6 AYRSHIRE LANE  CITY-ST-ZIP  DO  DELETE  1.1 TITLE  1.2 NAME  STREET ADDRESS  OFFICERS AND DIRECTORS  1.3 STREET  1.4 CITY-S  TITLE  D  TANEY, RICHARD  5 TWIN PONDS  2.3 STREET  2.3 STREET  2.4 STREET  2.5 STREET  2.5 STREET  2.6 STREET  2.7 STREET  2.7 STREET  3.8 STREET  3.8 STREET  3.8 STREET  2.7 STREET  2.7 STREET  3.8 STREET  3.8 STREET  3.8 STREET  3.9 STREET  4.4 CITY-S  2.7 STREET  4.4 CITY-S  2.7 STREET  3.8 STREET  4.4 CITY-S  2.7 STREET  3.8 STREET  4.4 CITY-S  4.4 CITY-S  4.5 STREET  4.5 STREET  4.7 STREE	TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE  NAME  TANEY, BARRY  TANEY, BARRY  12. NAME  TANEY, BARRY  12. OFFICERS AND DIRECTORS 13.  TITLE  D  TANEY, BARRY  13. STREET  14. CITY-ST. ZIP  NAME  TANEY, RICHARD  TANEY, RICHARD  5 TWIN PONDS  CITY-ST-ZIP  KINGS POINT NY 11024  - 2.4 CITY-ST. ZIP	the corporation's board of directors. I hereby accept the appointment as registered in signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  TADDRESS ST-ZIP  Change Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE  D TANEY, BARRY 12 NAME  STREET ADDRESS CITY-ST-ZIP NAME  TANEY, RICHARD STREET ADDRESS CITY-ST-ZIP  TANEY, RICHARD STREET ADDRESS CITY-ST-ZIP  TANEY, RICHARD STREET ADDRESS CITY-ST-ZIP KINGS POINT NY 11024  DELETE 3.1 TITLE  D DELETE 3.1 TITLE 3.1 TI	TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE D D DELETE 1.1 TITLE  NAME TANEY, BARRY  STREET ADDRESS CITY-ST-ZIP D D DELETE 1.4 CITY-STITLE  NAME D TANEY, RICHARD  STREET ADDRESS CITY-ST-ZIP KINGS POINT NY 11024  TANEY, DAVID  DELETE 2.1 TITLE  D D DELETE 2.1 TITLE  D TANEY, RICHARD  5 TWIN PONDS  CITY-ST-ZIP CITY-ST-Z	TADDRESS TTADDRESS TTADDRE
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE  NAME  TANEY, BARRY  12. NAME  TANEY, BARRY  12. DELETE 1.1 TITLE  NAME  TANEY, BARRY  12. NAME  TANEY, BARRY  13. STREET  14. CITY-S  CITY-ST-ZIP  DELETE 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S  TITLE D TANEY, RICHARD 2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  KINGS POINT NY 11024  TANEY, DAVID  TANEY, DAVID  3.2 NAME  STREET ADDRESS  3017 BARCLAY CT  33. STREET  33. STREET  33. STREET  34. CITY-ST-ZIP  DELETE 31. TITLE 32. NAME 32. NAME 33. STREET 33. STREET 33. STREET 33. STREET 33. STREET 34. STREET 34. STREET 35. STREET 36. STREET 36. STREET 37. STREET 38. STR	TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE D D DELETE 1.1 TITLE  NAME TANEY, BARRY 12. NAME 1.3 STREET ADDRESS CITY-ST-ZIP DO DELETE 1.4 CITY-ST-ZIP  NAME TANEY, RICHARD STREET ADDRESS CITY-ST-ZIP KINGS POINT NY 11024  TANEY, DAVID  STREET ADDRESS CITY-ST-ZIP D DELETE 2.1 TITLE  D DELETE 2.1 TITLE  D DELETE 2.1 TITLE  D DELETE 3.1 TITLE  D DELETE 3.1 TITLE  TANEY, DAVID 3.2 NAME  STREET ADDRESS CITY-ST-ZIP AVENTURA FL 3.3 STREET  AVENTURA FL 3.4 CITY-ST-ZIP  AVENTURA FL  SIGNATURE (NOTE: Registered Agent And Utile if spplicable.  (NOTE: Registered Agent Agen	TADDRESS ST-ZIP
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE D D DELETE 1.1 TITLE  NAME TANEY, BARRY  STREET ADDRESS CITY-ST-ZIP BOCA RATON FL  ITILE D D DELETE 2.1 TITLE  NAME TANEY, RICHARD  STREET ADDRESS CITY-ST-ZIP KINGS POINT NY 11024  TITLE D D DELETE 3.1 TITLE  NAME TANEY, DAVID  STREET ADDRESS CITY-ST-ZIP D DELETE 3.1 TITLE  OBLETE 3.1 TITLE  D DELETE 3.1 TITLE  OBLETE 3.1 TITLE  D DELETE 3.1 TITLE  OBLETE 3.1 TITLE  TANEY, DAVID 3.3 STREET  AVENTURA FL  TITLE D DELETE 4.1 TITLE  DELETE 4.1 TITLE	TADDRESS ST-ZIP  TADDRESS TADD
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE D D DELETE 1.1 TITLE  NAME TANEY, BARRY  STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP  NAME TANEY, RICHARD  STREET ADDRESS CITY-ST-ZIP KINGS POINT NY 11024  TITLE D D DELETE 2.1 TITLE  NAME TANEY, RICHARD  STREET ADDRESS CITY-ST-ZIP D DELETE 3.1 TITLE  NAME TANEY, DAVID  STREET ADDRESS CITY-ST-ZIP AVENTURA FL DELETE 4.1 TITLE  NAME AVENTURA FL DELETE 4.1 TITLE  NAME AVENTURA FL DELETE 4.1 TITLE  AL 2 NAME	TADDRESS ST-ZIP  TADDRESS TADD
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. TITLE  D TANEY, BARRY  TANEY, BARRY  TANEY, BARRY  TO86 AYRSHIRE LANE  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, DAVID  STREET ADDRESS  CITY-ST-ZIP  TITLE  D TANEY, DAVID  3017 BARCLAY CT  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AVENTURA FL  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  3.3 STREET  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-ST-ZIP  TITLE  AVENTURA FL  1.4 CITY-ST-ZIP  AVENTURA FL  1.5 CITY-ST-ZIP  AVENTURA FL  4.1 TITLE  AMME  STREET ADDRESS  TREET ADDRESS	TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. TITLE  D TANEY, BARRY  TANEY, BARRY  TANEY, BARRY  TO86 AYRSHIRE LANE  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, DAVID  STREET ADDRESS  CITY-ST-ZIP  TITLE  D TANEY, DAVID  32 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D TANEY, DAVID  33 STREET  34 CITY-  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AVENTURA FL  14 CITY-  24 CITY-  27 ACITY-  37 STREET  38 STREET  48 CITY-  49 CITY-  49 CITY-  49 CITY-  49 CITY-  49 CITY-  49 CITY-  40 CITY-  41 CITY-  42 CITY-  43 CITY-  44 CITY-  44 CITY-  45 CITY-  47 CITY-  47 CITY-  47 CITY-  48 CITY-  49 CITY-  49 CITY-  41 CITY-  42 CITY-  43 CITY-  44 CITY-  44 CITY-  44 CITY-  45 CITY-  47 CITY-  47 CITY-  48 CIT	TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13.  TITLE D TANEY, BARRY 12 NAME  STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP TITLE D TANEY, RICHARD 22 NAME  STREET ADDRESS CITY-ST-ZIP NAME 5 TWIN PONDS 23 STREET ADDRESS CITY-ST-ZIP TANEY, DAVID 32 NAME  STREET ADDRESS CITY-ST-ZIP AVENTURA FL 3.4 CITY-ST-ZIP AVENTURA FL 3.4 CITY-ST-ZIP AVENTURA FL 3.5 TREET ADDRESS CITY-ST-ZIP AVENTURA FL 3.4 CITY-ST-ZIP TITLE D DELETE 4.1 TITLE NAME 3.7 TREET ADDRESS CITY-ST-ZIP AVENTURA FL 3.4 CITY-ST-ZIP AVENTURA FL 3.5 TITLE 1.5 TITL	TADDRESS ST-ZIP  TADDRESS TADD
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  TITLE  D  TANEY, BARRY  TANEY, BARRY  TORE AYRSHIRE LANE  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, DAVID  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  TANEY, DAVID  3017 BARCLAY CT  AVENTURA FL  1011  1021  1031	TADDRESS ST-ZIP  TADDRESS TADD
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13.  TITLE  D  TANEY, BARRY  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, RICHARD  STREET ADDRESS  CITY-ST-ZIP  NAME  TANEY, DAVID  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  TANEY, DAVID  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.2 NAME  4.3 STREET  4.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET  5.3 STREE	TADDRESS ST-ZIP  TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE    Signature, typed or printed name of registered egent and tritle if suplicable.   (NOTE: Registered Agent and tritle if supplicable.   (NOTE: Registered Agent	TADDRESS ST-ZIP  TADDRESS
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE    SIGNATURE	TADDRESS ST-ZIP  TADDRESS

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 appear with an address with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR I CONED