

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **V05803** (4)
1. Corporation Name
BARRIER FREE SYSTEMS, INC.

Principal Place of Business
**5727 N.E. 14 AVE.
FORT LAUDERDALE FL 33334**

Mailing Address
**5727 N.E. 14 AVE.
FORT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1867 W. Hillsboro Blvd. Apt. 202 Suite, Apt. #, etc 22 City & State 23 Deerfield Beach FL 33442 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 FL Zip 29 Country 30	3. Date Incorporated or Qualified 01/10/1992	4. FEI Number 65-0313611 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	---	---	---	--

9. Name and Address of Current Registered Agent

**FRIEDMAN, JONATHAN
5727 N.E. 14TH AVE
FORT LAUDERDALE FL 33334**

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

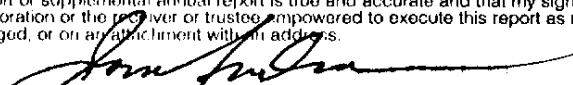
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN FRIEDMAN	1.2 NAME	
STREET ADDRESS	5727 NE 14 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILFSUD, BOB	2.2 NAME	
STREET ADDRESS	5727 N.E. 14 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, CHARLES	3.2 NAME	
STREET ADDRESS	5727 NE 14 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNG, MAUREEN	4.2 NAME	
STREET ADDRESS	5727 NE 14 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARPIN, DONALD	5.2 NAME	
STREET ADDRESS	5727 NE 14 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:



3/1/98 (FL) 266-9159

CP2E034 (10/97)