

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V13946** (1)

1. Corporation Name
BARZEGAR, INC.



Principal Place of Business

**7345 BAY ST.
ST. PETERSBURG FL 33706**

Mailing Address

**7345 BAY ST.
ST. PETERSBURG FL 33706**

3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3106325	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BARZEGAR, NANCY S.
7345 BAY ST.
ST. PETERSBURG FL 33706**

10. Name and Address of New Registered Agent

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

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. 1 TITLE	P
NAME	BARZEGAR, DARIUS ANTHONY	1. 2 NAME	MASSANO LUKE BARZEGAR
STREET ADDRESS	7345 BAY ST #2	1. 3 STREET ADDRESS	7345 BAY ST
CITY-ST-ZIP	ST. PETERSBURG FL	1. 4 CITY-ST-ZIP	ST PETERSBURG FL 33706
TITLE	ST	2. 1 TITLE	ST
NAME	BARZEGAR, JENNY MAGALO	2. 2 NAME	DARIUS ANTHONY BARZEGAR
STREET ADDRESS	7345 BAY ST 2	2. 3 STREET ADDRESS	8075 89TH AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL	2. 4 CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE		3. 1 TITLE	VP
NAME		3. 2 NAME	NANCY S. BARZEGAR
STREET ADDRESS		3. 3 STREET ADDRESS	7345 BAY ST
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	ST PETERSBURG FL 33706
TITLE		4. 1 TITLE	
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE		5. 1 TITLE	
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE		6. 1 TITLE	
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/96 813 367-5098

CR2E034 (12/95)