

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33706-1637



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
02/10/1992

3a. Date of Last Report  
04/17/1996

4. FEI Number  
59-3106325

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 GERRY O'CONNELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 7345 BAY ST  
84 City ST PETERSBURG FL 85 Zip Code 33706

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

*Gerry O'Connell*  
Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BARZEGAR, MASSOUD LUKE	
STREET ADDRESS	7345 BAY STREET	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BARZEGAR, DARIUS ANTHONY	
STREET ADDRESS	8075 29TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARZEGAR, NANCY	
STREET ADDRESS	7345 BAY STREET	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P GERRY O'CONNELL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	7345 BAY ST	
1.3 STREET ADDRESS	ST PETERSBURG FL	
1.4 CITY - ST - ZIP	BEACH FL	
2.1 TITLE	ST SCOTT FINNEGAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7345 BAY ST	
2.3 STREET ADDRESS	ST PETE BEACH	
2.4 CITY - ST - ZIP		
3.1 TITLE	VP. SCOTT FINNEGAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	7345 BAY ST	
3.3 STREET ADDRESS	ST PETE BEACH	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

*Gerry O'Connell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 813-367-4373  
Date Daytime Phone #

0074712

CR2E034 (9/96)