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95 MAY -8 AM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V28575 (1)

1. Corporation Name
BARTH LIMITED, INC.

Principal Place of Business Mailing Address
420 N. RIVERSIDE DR. 420 N. RIVERSIDE DR.
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/15/1992** 3a. Date of Last Report **07/11/1994**

4. FBI Number **65-0332561** 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. 109.032, Florida Statutes Yes 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 Country 29 Country 30

9. Name and Address of Current Registered Agent

MITTELBERG, BARRY
210 N. UNIVERSITY DR.
SUITE 802
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **BARTH, ANDREW J.**
STREET ADDRESS **420 NORTH RIVERSIDE DR.**
CITY - ST - ZIP **POMPANO BEACH FL**

TITLE **DVS**
NAME **LINDA R. FULLER**
STREET ADDRESS **420 NORTH RIVERSIDE DR.**
CITY - ST - ZIP **POMPANO BEACH FL**

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME **100001481771**
1.3 STREET ADDRESS **-05/09/95--01146--010**
1.4 CITY - ST - ZIP ******233.75 ****233.75**

2.1 TITLE Change Addition
2.2 NAME _____
2.3 STREET ADDRESS _____
2.4 CITY - ST - ZIP _____

3.1 TITLE Change Addition
3.2 NAME _____
3.3 STREET ADDRESS _____
3.4 CITY - ST - ZIP _____

4.1 TITLE Change Addition
4.2 NAME _____
4.3 STREET ADDRESS _____
4.4 CITY - ST - ZIP _____

5.1 TITLE Change Addition
5.2 NAME _____
5.3 STREET ADDRESS _____
5.4 CITY - ST - ZIP _____

6.1 TITLE Change Addition
6.2 NAME _____
6.3 STREET ADDRESS _____
6.4 CITY - ST - ZIP _____

8/8/95 mst

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 a prior report with an address.

SIGNATURE: *Andrew J. Barth* **ANDREW J BARTH** 5/5/95 307822171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type Name #)