SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (1)V36858 BAR REALTY & INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1699 E OAKLAND PARK BLVD. 1699 E OAKLAND PARK BLVD. STE. 400 STE. 400 FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305 3. Date Incorporated or Qualified 3a. Date of Last Report HS 05/18/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 26 JOON. FEBERAL Huy 4, FEI Number Applied For 2500 N. FROCTIAL HWY 26 65-0333228 Not Applicable Suite Apt #, etc \$8.75 Additional 5. Cert licate of Status Desired 200 Fee Required \$5.00 May Be 6. Election Campaion Financing Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 29 Flooda Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAR, CHET A Street Address (P.O. Box Number is Not Acceptable) 1699 E OAKLAND PARK BLVD R2 STE. 400 83 FT LAUDERDALE FL 33334 84 City 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, typed or printed carno of registered agent and title if applicable (NOTE: Hugistered Agent signature required when reinstating) LIAI OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/8) DELETE TITLE DPST 11 TITLE Change Addit-on NAME GLAZE, STEPHEN L 1.2 NAME STREET ADDRESS 4800 BAYVIEW DR. #902 1.3 STREET ADORESS CITY-ST-ZIP FT LAUDERDALE FL 1.4 CITY - ST - ZIP THILE DELETE 21 TITLE Change Addition BAR, CHET A 2.2 NAME 2848 NE 24 ST STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - 7:P DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY -ST-ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-Z-P 6.4 CHY - ST-7IP 14. I do hereby certify triat the information supplied with s 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 signature of the contraction or the receiver or trustee empowered to execute this report as required by Chapter 617.

on an attachment with an address

ED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. GLAZE

SIGNATURE:

that my name appears in Block 14