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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V40158 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

A. C. BARNEY CORPORATION

Principal Place of Business Mailing Address							1 100HT BELOIT BEBLE BRIDE	HODE BRIDE HOLD OF	1801 WINDS BORFI WINIS B	HO I BION 1001
11951 W OKEE	CHOBEE ROAD	11951 W OKEECHOBEE ROAD								
HIALEAH GARD	ENS FL 33016	HIALEAH GARDENS FL 33016 US			ĺ	DO NOT WRITE IN THIS SPACE				
US		03			-	3. Date Incorporated or Qualifed				
							05/29/1992			İ
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For
21	_	26					65-0334750			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Des	ired 🗌	\$8.75 A	
22		27					<del></del>	Fee Re	<del></del>	
City & Stat	e	City & State			-	6. Election Campaign Fina	- 11	\$5.00 Added to	- 1	
Zip	Country	Zip	Cor	intry			Trust Fund Contribution			01-662
24	25	29 30			8. This corporation owes the current year Intangible Personal Property Tax.				□No	
24	9. Name and Address of Curren		1901	T			10. Name and Address of	New Registe	red Agent-	-
				81	Name	8				
BARNEY, AUGUSTO				82	Stree	t Address	ess (P.O. Box Number is Not Acceptable)			
	ST W OKEECHOBEE ROAD									
HIAL	EAH GARDENS FL 330/8									
				84	City				85 Zip C	Code
				L.	'				FL   S   E	
11. Pursuant	to the provisions of Sections 607.0503 egistered agent, or both, in the State	≥ and 607.1508, Florida Sta of Florida. Such change wa	itutes, the a s authorize	bove d by	+named the cor	d corpora poration's	ition submits this statement s board of directors. I hereby	for the purpose accept the ap	e of changing its ppointment as re	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Stat	utes		•				
SIGNATURE		No. of the last of	OTE: Registered					DATE	<u> </u>	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agen	- signature	3 required wi	ADDITIONS/CHANGES			RS IN 12
TITLE	PD	DELETE 1.1		TLE					Change	Addition
NAME	BARNEY, AUGUSTO		1.2 N			-				j
STREET ADDRESS	HARA IN OVEROUS DECEMBER		TREET	ADDRESS	s				Ì	
CITY-ST-ZIP	HIALEAH GDNS. FL	ALEAH GDNS. FL 140		ITY-S	T-ZIP					
TITLE	STD	☐ DELETE	2.1 T	TLE					☐ Change	☐ Addition
NAME	BARNEY, CONSUELO		2.2 N	AME		-				1
STREET ADDRESS	11951 W OKEECHOBEE RD			REE	ADDRESS	s				{
CITY-ST-ZIP	HIALEAH GDNS. FL		2.40	2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE 311		TLE					Change	☐ Addition	
NAME			3.2 N	AME						
STREET ADORESS	* 6.		3.3 \$	TREET	FADDRES:	s				}
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP					
TITLE				4.1 TITLE					Change	Addition
NAME			4.21	AME						}
STREET ADDRESS					(ADDRES	s				
CITY-ST-ZIP		[] pc/ crr		TY-S	r-ZtP	<del></del>			Change	Addition
TITLE		☐ DELETE		5.1 TITLE 5.2 NAME					Change	
NAME			1		TADDRESS	.e				{
STREET ADDRESS				TY-S		٦				
CITY-ST-ZIP		☐ DELETE	6.1 T		- 41	+			☐ Change	Addition
TITLE			6.2 N			1				
NAME STREET ADDRESS			1		( ADDRES	is				ľ

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, with all other like empowered.

SIGNATURE:

4-29-99

305-9275-91

64 CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 305-82759/ Date Daytime Phone #

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90222 022 \*\*\*150.00

CR2E034 (11/98)