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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # V4364 A. BARBIERI, JR., P.A.	8 (7)				
Principal Place of	of Business	Mailing Address			IONI BIBNI BIBNI DIDIN BIDNI DI	ALI VIBIL IBAL
7000 W. PALMETTO PARK SUITE 409 BOCA RATON FL 33433 7000 W. PALMETTO P SUITE 409 BOCA RATON FL 33433 BOCA RATON FL 33433						
				3. Date Incorporated or Qualified 06/11/1992	3a. Date of Last Rep 07/31/1995	
. Principal Place of Business		2a. Mailing Address		4. FEI Number	A	oplied For
1		26		65-0338928		ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	11	Additional equired
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
3 Zip	Country	Zip	Country	8. This corporation has liability for i		
25		29 30		Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
BARBIER	i, Frank A. Jr		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	PALMETTO PARK ROAD					
STE 409			83			
BOCA RA	ATON FL 33433		84 City		FL 85 Zip	Code
or registere	o the provisions of Sections 607.055 ad agent, or both, in the State of Flo n, and accept the obligations of, Se	rida. Such change was authori.	zed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	nose of changing its re	gistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered ago	et and tille it applicable. (N	OTE: Registered Agent signature require	ed when reinstating)	DATE	
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12
ITLE	P	☐ DELETE	1. 1 TITLE		Change	☐ Addition
IAME	BARBIERI, FRANK A		1.2 NAME			
TREET ADDRESS	7000 W. PALMETTO PARK	ROAD	1.3 STREET ADDRESS			
ITY-ST-ZIP	BOCA RATON FL	E1 DELEVE	1.4 CITY - ST - ZIP		C) Change	- Addition
ITLE		☐ DELETE	2 1 TITLE		Change	☐ Addition
IAME			.2.2 NAME			
TREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP		TT DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change	Addition
IAME		L) ozcan	3 2 NAME		V.	
TREET ADDRESS			33 STREET ADDRESS			
HY-SI-ZIP			34 CITY - ST - ZIP			
ITLE		DELETE	4 1 TITLE		☐ Change	Addition
IAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-ZIP			4.4 C(1) Y - ST - Z(P	······································		
HLE		DELETE	5 1 TITLE		☐ Change	☐ Addition
IAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELE1E	5 4 CHY-ST-ZIP		☐ Change	☐ Addition
TITLE		T" DETELE	6 1 TITLE		[_] Guange	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP 14 Ldo bereb	v certify that the information supplie	d with this filing is voluntarily for	mished and does not qualify	for the exemption stated in Section 119	.07(3)(k), Florida Statute	s. I further
certify that oath; that	the information indicated on this ar	inual report or supplemental an poration or the receiver or trust	nual report is true and accur tee empowered to execute the	ate and that my signature shall have the his report as required by Chapter 607, Fl	same legal effect as if	made under

SIGNATURE: <

ED NAME OF STANING OFFICER OR DIRECTOR