

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:11

DOCUMENT # **V44839** (1)
1. Corporation Name
BARBARA LERNER ASSOCIATES, INC.

Principal Place of Business Mailing Address
7040 LIONS HEAD LANE 7040 LIONS HEAD LANE
BOCA RATON FL 33496 BOCA RATON FL 33496
US US

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|--|-------------------------|--|---|-------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 06/18/1992 | 02/21/1994 |
| 22. State, Apt. #, etc. | | 27. State, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23. City & State | | 28. City & State | | 65-0344773 | Not Applicable |
| 24. Zip | | 29. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25. Country | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
LERNER, BARBARA
900 LAKESIDE BOULEVARD
#933
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
B1 Name **LERNER BARBARA**
B2 Street Address (P.O. Box Number is Not Acceptable) **2499 CLARES ROAD**
B3 **SUITE 204**
B4 City **BOCA RATON** FL B5 Zip Code **33431**

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 BARBARA LERNER DATE 1/19/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LERNER, BARBARA | 1.2 NAME | |
| STREET ADDRESS | 7040 LIONS HEAD LANE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33496 | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LERNER, BARBARA | 2.2 NAME | |
| STREET ADDRESS | 7040 LIONS HEAD LANE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL 33496 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 110.07(3)(b), 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: BARBARA LERNER *Barbara Lerner* 1/23/95 407-750-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 30, 1995

BARBARA LERNER ASSOCIATES, INC.
7040 LIONS HEAD LANE
BOCA RATON, FL 33496US

SUBJECT: BARBARA LERNER ASSOCIATES, INC.
Ref. Number: V44839

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The check you submitted with your annual report was unsigned.

After the corrections have been made, return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tyrone Scott
ANNUAL REPORTS Section

Letter number: 295A00003849