

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 * 200

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18904** (3)
1. Corporation Name
BARROW INDUSTRIES INC.



Principal Place of Business: **5 DAN ROAD CANTON MA 02021**
Mailing Address: **5 DAN ROAD CANTON MA 02021**

3. Date Incorporated or Qualified: **04/20/1988**
3a. Date of Last Report: **03/27/1995**
4. FEI Number: **04-2225826**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24 25
2a. Mailing Address: 26 **3 Edgewater Drive**
27 State, Apt. #, etc.:
28 City & State: **Northwood MA**
29 Zip: **02062** 30 Country: **North**

9. Name and Address of Current Registered Agent: **GONZALEZ NYDIA 8700 NW 27TH ST, #104 MIAMI FL 33122**
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 607.1503, 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 607.0606, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARROW, STEPHEN Y.		2. NAME		
STREET ADDRESS	783 NEWTON STREET		13. STREET ADDRESS		
CITY, ST, ZIP	BROOKLINE MA		14. CITY, ST, ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNOLD, ROBERT E.		22. NAME		
STREET ADDRESS	46 WHITEWALL ST.		23. STREET ADDRESS		
CITY, ST, ZIP	QUINCY MA		24. CITY, ST, ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARPER, DANIEL		32. NAME		
STREET ADDRESS	164 CLAYBROOK RD.		33. STREET ADDRESS		
CITY, ST, ZIP	DOVER MA		34. CITY, ST, ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNTER, DONALD		42. NAME		
STREET ADDRESS	183 CARROLL AVE.		43. STREET ADDRESS		
CITY, ST, ZIP	BROCKTON MA		44. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY, ST, ZIP			54. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY, ST, ZIP			64. 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 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 any attachment with an address.

SIGNATURE: *[Signature]* 2/12/96 617 472 2546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)