

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 APR 28 AM 7:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **G49156**  
1. Corporation Name

**BARRON, BARRON & ROTH, INC.**

Principal Place of Business <b>3820 State Street Santa Barbara, CA 93105</b>	Mailing Address <b>c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105</b>
---	---

3. Date Incorporated or Qualified <b>7/1/83</b>	3a. Date of Last Report <b>1996</b>
4. FEI Number <b>59-2347664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

9. Name and Address of Current Registered Agent  
**C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**300002162403--5**  
83 **-05701797--01104--020**  
**\*\*\*165.00 \*\*\*165.00**  
84 City **FL** 85 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>Michael H. Focht, Sr.</b>	
STREET ADDRESS	<b>3820 State Street</b>	
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>Milton McKay</b>	
STREET ADDRESS	<b>500 W. Cypress Creek Road</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	<b>Scott M. Brown</b>	
STREET ADDRESS	<b>3820 State Street</b>	
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>Maris Andersons</b>	
STREET ADDRESS	<b>3820 State Street</b>	
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Scott M. Brown** SECRETARY 4/24/97 805/563-7075

CR2E034 (9/96)