

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **G49156** (4)
1. Corporation Name
BARRON, BARRON & ROTH, INC.

FILED

98 MAR -3 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3820 STATE STREET, C/O MARY YUMIBE, SANTA BARBARA CA 93105
Mailing Address: 3820 STATE STREET, C/O MARY YUMIBE, SANTA BARBARA CA 93105

3. Date Incorporated or Qualified: 07/01/1983
4. FEI Number: 59-2347764
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: C.T. CORPORATION SYSTEM, 1200 S. PINE ISLAND RD., PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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)

12. OFFICERS AND DIRECTORS

TITLE	P	FOCHT, MICHAEL H., SR.	<input type="checkbox"/> DELETE
NAME		3820 STATE STREET	
STREET ADDRESS		SANTA BARBARA CA 93105	
CITY-ST-ZIP			
TITLE	SD	BROWN, SCOTT M.	<input type="checkbox"/> DELETE
NAME		3820 STATE STREET	
STREET ADDRESS		SANTA BARBARA CA 93105	
CITY-ST-ZIP			
TITLE	V	MCKAY, MILTON E.	<input type="checkbox"/> DELETE
NAME		3820 STATE STREET	
STREET ADDRESS		SANTA BARBARA CA 93105	
CITY-ST-ZIP			
TITLE	T	ANDERSONS, MARIS	<input checked="" type="checkbox"/> DELETE
NAME		3820 STATE STREET	
STREET ADDRESS		SANTA BARBARA CA 93105	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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	300002448623--2
1.4 CITY-ST-ZIP	-03/05/98--0111--012
2.1 TITLE	***150.00
2.2 NAME	***150.00
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	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Silver, Richard B.
5.3 STREET ADDRESS	3820 State Street
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
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 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.

CR2E034 (10/97)

AD 3/3