

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

DOCUMENT # **649156**
1. Corporation Name

BARRON, BARRON & ROTH, INC.

FILED
97 APR 28 AM 7:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3820 State Street
Santa Barbara, CA 93105

Mailing Address
c/o Mary Yumibe
3820 State Street
Santa Barbara, CA 93105

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	7/1/83	1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2347664	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing	Trust Fund Contribution
24	29	<input type="checkbox"/>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Country	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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)
83
84 City
85 Zip Code

300002162403--5
-05/01/97--01104--020
****165.00 ****165.00
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	Michael H. Focht, Sr.	1.2 NAME	
STREET ADDRESS	3820 State Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	Milton McKay	2.2 NAME	
STREET ADDRESS	500 W. Cypress Creek Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	2.4 CITY-ST-ZIP	
TITLE	S/D	3.1 TITLE	
NAME	Scott M. Brown	3.2 NAME	
STREET ADDRESS	3820 State Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	Maris Andersons	4.2 NAME	
STREET ADDRESS	3820 State Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Santa Barbara, CA 93105	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/24/97 DATE
805/563-7075

CR2E034 (9/96)