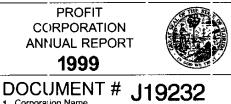
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FRANK BARON, INCORPORATED

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90062 022 ***150.00

Principal Place of Business Mailing Address					1 1004110 0161 31010 1000 11110 1100	i didii diari sibir aibii si	141) 616) 1661
1826 BARNSTABLE RD WELLINGTON FL 33414		1826 BRANSTABEL RD WELLINGTON FL 33414					
US US				DO NOT WRITE IN	TH S SPACE		
					3. Date Incorporated or Qualifed		
					06/12/1986		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	pied For
21		26			59-2682481	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Red	
City & S at	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country			у	8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curr				10. Name and Address of New Regis		
	3. Hallie and Add 633 or Out	The regional regions	81	Name	101		
BAR	ON, FRANK		-		O O O O O O O O O O O O O O O O O O O		
1826 BÄRNSTABLE RD WELLINGTON FL 33414			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
			83	5			
			84	City		FL 85 Zip C	ode
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obliming signature, typed or printed have of registered as	te of Florida. Such change was aut gations of, Section 607.0505, Florid	horized by da Statute	the corporati	poration submits this statement for the purpon's board of cirectors. I hereby accept the	ose of changing its appointment as reg	nigistered gistered
1		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	F S IN 12
.77.5	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
	BARON, FRANK		1.2 NAME				
1826 BARNSTABLE RD			1.3 STREE	T ADDRESS			
ST 219 WELLINGTON FL 33414			1.4 CITY-	ST-ZIP			
31 MF	WEELINGTON IE GOTTI	☐ DELETE	2.1 TITLE	-		☐ Change	Addition
			2.2 NAME				
-1 MARK 20			2.3 STREE	ET ADDRESS			
;-ST-ZIP			2 4 CITY-	ST-ZIP			
:-01-21		☐ DELETE	3.1 TITLE			Change	Addition
			32 NAMÉ				
: ADDRL &			3.3 STREE	ET ADDRESS			
ST ZIP			3,4, CITY-	ST-7IP			
÷		☐ DELETE	4.1 TITLE			☐ Change	Addition
AF			4. 2 NAME				
i Albiro, S			l l	T ADDRESS			
ST ZIP			4.4 CITY-				
5: AF	<u></u>	☐ DELETE	5.1 TITLE			Change	Addition
	1	—					_

ST-ZIP / I hereb / 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 suppliemental 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 recuired 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, with all other like empowered.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

I AIRRO 2

TIRMTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition