## 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 # M83496 RON BAKER ENTERPRISES, INC.

(3)

## **FILED** May 01 1997 8:00am Secretary of State

City & State     Cay & State	W RON BAKER		Mailing Address					
2. Principal Placa of Business   2a. Mailling Andress   25. Months	\$20 DIXON BL	VD.	820 DIXON BLVD.					
Suite, Api, #, etc.								?eporl
Suite. April 4, etc.  22   27   City 6 State  City 6 State  City 6 State  28   Country   City 6 State  29   Country   City 6 State  20   Name and Address of Current Registered Agent   City 6 State  21   Name and Address of Name Registered Agent   City 6 State  22   Street Address (P.O. Box Number is Not Acceptable)  23   Street Address (P.O. Box Number is Not Acceptable)  24   City   FL   65   Zip Code  25   Street Address (P.O. Box Number is Not Acceptable)  26   Street Address (P.O. Box Number is Not Acceptable)  27   City 6 State  28   City 6 State  29   Street Address (P.O. Box Number is Not Acceptable)  29   Street Address (P.O. Box Number is Not Acceptable)  20   FL   65   Zip Code  21   FL   65   Zip Code  21   City 6 State  21   City 6 State  22   City 6 State  23   City 6 State  24   City 6 State  24   City 6 State  24   City 6 State  25   City 6 State  26   City 6 State  26   City 6 State  27   City 6 State  28   City 6 State  29   City 6 State  20   City 6 Sta		Place of Business	— ·					· · · · · · · · · · · · · · · · · · ·
City & State  29   29   20   29   20   29   20   29   20   20	<del></del>	. #, etc.						
28	City & Sta	to.						<u> </u>
Zip	23	(C	H-1 '			-		
Name and Address of Nurse Registered Agent   10. Name and Address of New Registered Agent   11. Name and Address of New Registered Agent   12. Name and Address of New Registered Agent   13. Name   13. Name   14. Name	Zip	<u>├</u> ─┐	Ζφ	<u>}</u> ¬ ′	This corporation has liabil	ity for intangible	e tax under s	
BAKER, RON 820 DIXON BLVD. COCOA FL 32922	<del></del>			30] .				
B2   DIXON BLVD.   COCO   FL 32922     B3	RAK			81 Name	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	- Trogiotoroa	Agoni	
### COCOA FL \$2922    11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes. The above-named composition submits this statement for the purpose of changing its register agent. I am familiar with, and accept the objection 607.0505, Florida Statutos    12.				92 Street Add	droop (f) (). Dou Number in Not Ac-			
### City ### City ### City #### City ####################################					LITESS (F.O. BOX NUMBER IS NOT ACC	Jepiabie)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos. The above-named corporation submits this statement for the purpose of changing its register of office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appearament as registered agont, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appearament as registered agont, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appearament as registered agont, in the State of Florida Statutor. I hereby accept the appearament as registered agont, in the State of Florida Statutor. I hereby accept the appearament as registered agont, in the State of Grande State of S				83				
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SIGNATURE	11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Stat	lutes the above pamed on	rogration automita this statement to	<u> </u>	a labanahasi	
SIGNATURE	office or	registered agent, or both, in the Sta	ite of Florida. Such change wa	s authorized by the corpor	ation's board of directors. I hereby	accept the app	a changing it pointment as	registered
Signature, Syree or period area or tiety alaptic active or approach signature required when reinvalating)		ant ramiliar with, and accept the obt	igations of, Section 607.0505,	Florida Statutes.				
TITLE	SIGNATURE	Signature, typed or printed name of registered a	agent and tile if applicable (N	OTE Registered Agent signature requ	uirea when reinstating)	DATE		
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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 eath; 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.

1-407-636-1074