

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P30258** (8)

1. Corporation Name
THE BARON COMPANIES CO.



Principal Place of Business

Mailing Address

~~20050 US HWY 19 NORTH~~
~~SUITE 301~~
~~CLEARWATER FL 34621~~
~~US~~

~~20050 US HWY 19 NORTH~~
~~SUITE 301~~
~~CLEARWATER FL 34621~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21
22 Suite, Apt. #, etc. **7795 Cooper Rd**
23 City & State **Cincinnati OH**
24 Zip **45242** 25 Country **US**

26
27 Suite, Apt. #, etc. **7795 Cooper Rd**
28 City & State **Cincinnati OH**
29 Zip **45242** 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------------|--|
| TITLE | PST | <input checked="" type="checkbox"/> DELETE |
| NAME | WILSON, MARK L | |
| STREET ADDRESS | 8855 DAVINGTON DRIVE | |
| CITY - ST - ZIP | DUBLIN OH | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCGRATH, GREGORY K | |
| STREET ADDRESS | 20050 US HWY 19 NORTH #301 | |
| CITY - ST - ZIP | CLEARWATER FL 34621 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | P/S/T/D |
| 7. STREET ADDRESS | 8225 Given Road |
| 8. CITY - ST - ZIP | Indian Hill OH 45243 |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY - ST - ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY - ST - ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mark L Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark L Wilson

4-19-96 (813)6692724

CR2E034 (12/95)