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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38090 (7)

1. Corporation Name
BARON COMMERCIAL, INC.

Principal Place of Business MARK WILSON 1180 CLEVELAND STE 307 CLEARWATER FL 34615 US	Mailing Address MARK WILSON P. O. BOX 10398 CLEARWATER FL 34617 US
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3. Date Incorporated or Qualified 03/24/1992	3a. Date of Last Report 08/09/1994
4. FEI Number 31-1343425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 28050 US Hwy 19 North	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27
City & State 23 Clearwater FL	City & State 28
Zip 24 34621	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 _____ (Signature, Title or printed name of registered agent and fee if applicable) (NOTE: Registered agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DV DOAN, GREGORY W. 3966-A BROWN PARK DR HILLIARD OH	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DV JOHNSON, ROBERT E 12794 W. FOREST HILL BLVD. WELLINGTON FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DPST WILSON, MARK L 3966-A BROWN PARK DR HILLIARD OH	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 person or trustee authorized 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 Mark L Wilson 4-16-95 5157999332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Day/Month/Year)