

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P38090** (7)

1. Corporation Name
BARON COMMERCIAL, INC.



Principal Place of Business
MARK WILSON
28050 US HWY 19 NORTH, STE 301
CLEARWATER FL 34615
US

Mailing Address
MARK WILSON
~~P. O. BOX 16998~~
~~CLEARWATER FL 34617~~
US

3. Date Incorporated or Qualified **03/24/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **31-1343425** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt. #, etc
27 **4337 Ellinwood Blvd**
28 **Palm Harbor FL**
29 Zip Country
30 **34685**

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 (Registered Agent, Director, Officer, or Director)

Signature (Registered Agent, Director, Officer, or Director)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOAN, GREGORY W.	1.2 NAME	
STREET ADDRESS	3966 A BROWN PARK DR	1.3 STREET ADDRESS	5223 Brandonway
CITY-STATE-ZIP	HILLIARD OH	1.4 CITY-STATE-ZIP	Dublin OH 43017
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT E	2.2 NAME	
STREET ADDRESS	12794 W. FOREST HILL BLVD.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WELLINGTON FL	2.4 CITY-STATE-ZIP	
TITLE	DPST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MARK L	3.2 NAME	
STREET ADDRESS	3966 A BROWN PARK DR	3.3 STREET ADDRESS	4337 Ellinwood Blvd.
CITY-STATE-ZIP	HILLIARD OH	3.4 CITY-STATE-ZIP	Palm Harbor FL 34685
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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(5)(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 this corporation, the person or persons 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 Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 (813) 669-2724
DATE TIME

CP2E034 (12/95)