

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

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FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90015 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000019459

1. Corporation Name
BARON TECHNOLOGIES, INC.



Principal Place of Business 1474 W. GRANADA BLVD. STE. 400 ORMOND BEACH FL 32174 US	Mailing Address 1474 W. GRANDA BLVD. STE. 440 ORMOND BEACH FL 32174 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/15/1993	
4. FEI Number 59-3173436	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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
KOEHLER, JOHN D. 1842 SPRUCE CREEK BLVD. EAST DAYTONA BEACH FL 32134	

10. Name and Address of New Registered Agent	
81 Name	KOEHLER JOHN D.
82 Street Address (P.O. Box Number is Not Acceptable)	3223 VAIL VIEW DR.
83	
84 City	Daytona Beach FL
85 Zip Code	32124

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 *John D. Koehler* DATE *3/18/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VPS <input type="checkbox"/> DELETE
NAME	KOEHLER, ALEXIS C.
STREET ADDRESS	1842 SPRUCE CREEK BLVD. EAST
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	PT <input type="checkbox"/> DELETE
NAME	KOEHLER, JOHN D.
STREET ADDRESS	1842 SPRUCE CREEK BLVD., E.
CITY-ST-ZIP	DAYTONA BEACH FL
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	
1.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOEHLER, ALEXIS C.
1.3 STREET ADDRESS	3165 ROYAL BIRKDALE WAY
1.4 CITY-ST-ZIP	DAYTONA BEACH FL 32124
2.1 TITLE	PT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOEHLER, JOHN D.
2.3 STREET ADDRESS	3223 VAIL VIEW DR
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32124
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE *John D. Koehler* DATE *3/18/99* DAYTIME PHONE # *904-672-3779*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR