**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000020349

BARON REALTY INTERNATIONAL, INC.

		_			
Principal Place	of Business	Mailing Address		1 100 1100 1110 11111 00 1111 00 1111 00 1111 00 1111 00 1111 00 1111 00 1111 00 1111 00 1111 00 1111 00 1111	Man agree every rain too.
2033 MAIN ST 2033 MAIN ST		2033 MAIN ST		,	
STE 400 STE 400		· ·		DO NOT WRITE IN THIS	SPACE
SARASOTA FL 34237 SARASOT		SARASOTA FL 34237		3. Date Incorporated or Qualifed	- SFAOL
				,	
		1 A 11 (F A 14		03/15/1993 4. FEI Number	Applied For
Principal Place of Business     2a. Mailing Address			····	Not Applicable	
21 26 201 4 20 4 4 20			65-0409257	\$8.75 Additional	
Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required	
27 City & State City & State		<del>-</del>	a Flatin Consider Figure	\$5.00 May Be	
City & State	e	<b>⊢</b> ′		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23 Zin	Country		Country	This corporation owes the current year Int	
Zip		— r=	, ·	Personal Property Tax.	Yes No
24	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	Agent
	5. Name and Address of Current	rtogistered Agent	81 Name		
HANKIN, LAWRENCE M					
2033 MAIN ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	ì
STE 400		83		<del></del>	
SARASOTA FL 34237		65	·		
OAI INOUTA LE 04201		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agent signature require	d when reinstating) DATE	<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OHMAN, NELSON P		1,2 NAMÉ		1
STREET ADDRESS	2033 MAIN ST. SUITE 400		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		☐ Change ☐ Addition
	OHMAN, PEGGY B		2.2 NAME	•	
NAME	2033 MAIN STREET, SUITE 400		2.3 STREET ADDRESS		
STREET ADDRESS	SARASOTA FL		2.4 CITY-ST-ZIP		}
CITY-ST-ZIP TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	HAUSNER, PETER	<b>7</b>	3.2 NAME		1
í	2033 MAIN STREET, SUITE 400		3.3 STREET ADDRESS		}
STREET ADDRESS	SARASOTA FL		34. CITY-ST-ZIP		ļ
CITY-ST-ZIP TITLE	UNINGUINIE	□ DELETE	4.1 TITLE		Change Addition
		<u> </u>	4. 2 NAME		
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		_ , _
NAME			5.3 STREET ADDRESS		Į
STREET ADDRESS			5.4 CITY-ST-ZIP		ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		C DELETE		•	

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)(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 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 any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90028 014 \*\*\*150.00