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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000028544 (3)

TOWNE BARON INVESTMENTS, INC.

Principal Place of Business Mailing Address 7411 MIAMI LAKES DRIVE 7411 MIAMI LAKES DRIVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1993 Applied For Principal Place of Business Mailing Address 2. 21 65-0395040 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Zip Country Zip Country 1, 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name CULLEN, JOHN T 7411 MIAMI LAKES DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33014 83 84 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 syred or punied more of registered agent and late if approable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PRES** DELETE ☐ Change TITLE 1.1 TITLE CULLEN, JOHN T NAME 1.2 NAME 7411 MIAMI LAKES DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CiTY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE MAME 3.2 NAME ASTREET APIDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-2IP DELETE Change Addition PITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 is 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 trusted enipowered 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:

M1 Cll

4/30/98

**FILED** 

May 14 1998 8:00am

Secretary of State