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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

- 1 NOVINO) NA 10180 (1515 AUST ABER 285) NOVA 1111 USAA 1860 1840 1811 1813 180)

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000034888 (6)

BARON TRADING SERVICES, INC.

Principal Place of Business Maining Address						) I I I I I I I I I I I I I I I I I I I		4186; 1818; 181	illi sais illili
10 FAIRWAY D	RIVE	10 FAIRWAY DRIVE	10 FAIRWAY DRIVE						
SUITE 127	wi F4 AA444	SUITE 127	1001						
Deerfield Bo   Us	;H FL 33441	DEERFIELD BOH FL 33441- US	-1001			3. Date Incorporated or Qualified	Tan Da	te of Last I	Report
					05/10/1993	3a. Date of Last Report 04/24/1996			
	lace of Business	2a. Mailing Address				4. FEI Number			pplied For
21	II	26				65-0406582			lot Applicable
Suite, Apt.	界, EIC.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	у		8. This corporation has liability for i	ntangible	tax under s	s. 199.032,
24	25		30					No	
	9. Name and Address of Cur	rent Registered Agent	81	-	Name	10. Name and Address of New Re	gistered /	Agent	
	K, DAVID B		91	1	Name				
	N W 47TH WAY		82	1	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
<b>CO</b> (	CONUT CREEK FL 33063		83	╀					
				1					
Ì			84	1	City		FL	85 Zip	Code
44 Pureuant	to the provisions of Sections 607	0502 and 602 1508. Florida Statute	e the abou	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-named corn	oration submits this statement for the p		changing	its registered
office or n	egistered agent, or both, in the St	tate of Florida. Such change was a	uthorized b	) / I	the corporation	ion's board of directors. I hereby accep	t the app	ointment as	s registered
agent. Fa 	m tamiliar with, and accept the of	oligations of, Section 607.0505, Flo	rida Statute	<b>?S</b> .					
SIGNATURE	Signature typed or printed name of legistered	t agent and title & applicable //NOTI	Registered Ac	Hent	t skoosture requise	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		T TIGHT	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PS	☐ DELETE	1.1 TITLE					Change	
NAME	PECK, DAVID B.		1.2 NAME						
STREET ADDRESS	529 N W 47TH WAY		1.3 STREE	T A	ADDRESS				
CITY-ST-2IP	COCONUT CREEK FL		1.4 CITY -	ST-	- ZIP				
TITLE	VTM	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	uresin, semih	_	2.2 NAME						
STREET ADDRESS	5650 PACIFIC BLVD #1102	<u>}</u>	2.3 STREET ADDRES		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL	W. 1545	2. 4 CITY - ST - ZiP		r - ZiP			T 0:	
TITLE		DELETE	<b>1</b>		ŀ			L Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	i		3.3 STREE						
CITY - ST - ZIP				34 CITY-ST-ZIP				Change	Addition
TITLE			4.F ITTLE					C Cuanão	
NAME PERCET ACIDRICO					ADDRESS				
STREET AODRESS			4.3 STREE 4.4 City-		ì				
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		- £1F			Change	Addition
NAME	u L	<del>_</del>	5.2 NAME						
STREET ADDRESS			5.3 STREE		ADDRESS				
CITY-ST-ZIP			5.4 CITY-		ŀ				
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME		1				
STREET ADDRESS			6.3 STREE	T A	ADDRESS				
CITY - ST - ZIP			6.4 CITY-	ST-	- ZIP				
14, I do herel	by certify that the information support indicated on this arms of the	plied with this filing does not qualif	y for the ex	en	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further	r certify that	it the
I am an o	fricer or director of the corporation	u or the receiver ortificities embow	ered to exe	CU	ate this report	my signature shall have the same lega 1 as required by Chapter 607, Florida S	tatutes; a	nd that my	name
appears i	n Block 12 or Block 13% chatiged	nor on an attachmen with an add	ess.			1.		_	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ....