

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000088383 (3)**

1. Corporation Name  
**R. BARON, INC.**



Principal Place of Business: **13805 MAGDALENE LAKE COVE TAMPA FL 33613**  
Mailing Address: **13805 MAGDALENE LAKE COVE TAMPA FL 33613**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/28/1993</b>  | 3a. Date of Last Report<br><b>04/21/1995</b> |
| 4. FEI Number<br><b>59-3219990</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent                             | 10. Name and Address of New Registered Agent   |
| <b>JENTSCH, PETER M. A<br/>13805 MAGDALENE LAKE COVE<br/>TAMPA FL 33613</b> | 81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br>85. Zip Code<br><b>FL</b> |

11. Pursuant to the provisions of Sections 607.0602 and 607.1500, 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 607.0606, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Registered Agent \_\_\_\_\_ Mailing Address of Registered Agent \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                       |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---------------------------------|---|--|
| TITLE: <b>P</b>                                  | <input type="checkbox"/> DELETE | 1. TITLE: <b>P</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>JENTSCH, P. DIANE</b>                   |                                 | 12. NAME: <b>Jentsch, Peter M.A.</b>                  |  |
| STREET ADDRESS: <b>13805 MAGDALENE LAKE COVE</b> |                                 | 13. STREET ADDRESS:                                   |  |
| CITY-STATE-ZIP: <b>TAMPA FL</b>                  |                                 | 14. CITY-STATE-ZIP:                                   |  |
| TITLE: <b>ST</b>                                 | <input type="checkbox"/> DELETE | 2. TITLE: <b>ST</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>JENSTON, P. DIANNE</b>                  |                                 | 22. NAME: <b>Jentsch, P. Dianne</b>                   |  |
| STREET ADDRESS: <b>13805 MAGDALENE LAKE COVE</b> |                                 | 23. STREET ADDRESS:                                   |  |
| CITY-STATE-ZIP: <b>TAMPA FL</b>                  |                                 | 24. CITY-STATE-ZIP:                                   |  |
| TITLE:   | <input type="checkbox"/> DELETE | 3. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME:  |                                 | 32. NAME:   |  |
| STREET ADDRESS:                                  |                                 | 33. STREET ADDRESS:                                   |  |
| CITY-STATE-ZIP:                                  |                                 | 34. CITY-STATE-ZIP:                                   |  |
| TITLE:   | <input type="checkbox"/> DELETE | 4. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME:  |                                 | 42. NAME:   |  |
| STREET ADDRESS:                                  |                                 | 43. STREET ADDRESS:                                   |  |
| CITY-STATE-ZIP:                                  |                                 | 44. CITY-STATE-ZIP:                                   |  |
| TITLE:   | <input type="checkbox"/> DELETE | 5. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME:  |                                 | 52. NAME:   |  |
| STREET ADDRESS:                                  |                                 | 53. STREET ADDRESS:                                   |  |
| CITY-STATE-ZIP:                                  |                                 | 54. CITY-STATE-ZIP:                                   |  |
| TITLE:   | <input type="checkbox"/> DELETE | 6. TITLE:   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME:  |                                 | 62. NAME:   |  |
| STREET ADDRESS:                                  |                                 | 63. STREET ADDRESS:                                   |  |
| CITY-STATE-ZIP:                                  |                                 | 64. 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(3)(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 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 change of, or an addition to, with an address.

SIGNATURE: **P. Dianne Jentsch** **P. Dianne Jentsch** **4.23.96** **813-265-8224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY MONTH YEAR

CR2E034 (12/95)