FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUN 29 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P94000050026 (1)**

1. Corporation Name
BARON EQUITIES, INC.

Principal Place of Business	Mailing Address
1150 CLEVELAND ST., SUITE 420 CLEARWATER FL 34615	1150 CLEVELAND ST., SUITE 420 CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 28050 US Highway 19 North
22 Suite 301
23 Clearwater FL
24 Zip 34621
25 Country USA

2a. Mailing Address
26 28050 US Highway 19 North
27 Suite 301
28 City & State
29 Zip
30 Country

4. FEI Number: 59-325 3934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D, P ☒ Change ☐ Addition
NAME	MCGRATH, GREGORY K	1 2 NAME	
STREET ADDRESS	1150 CLEVELAND ST., SUITE 420	1 3 STREET ADDRESS	28050 US Highway 19, North, Suite 301
CITY-ST-ZIP	CLEARWATER FL 34615	1 4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE		2 1 TITLE	VP, TS ☐ Change ☒ Addition
NAME		2 2 NAME	Mark L. Wilson
STREET ADDRESS		2 3 STREET ADDRESS	28050 US Highway 19 North, Suite 301
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	RC

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)(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 an address.

SIGNATURE: Mark L Wilson 6-28-95 (813) 799-9332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Mark L Wilson

0354001 CP