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 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000052594 (6)

1. Corporation Name
BARON REAL ESTATE DEVELOPMENT, 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: 07/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 28050 US Highway 19 N.	26 28050 US Highway 19, N.
Suite, Apt. #, etc. 22 Suite 301	Suite, Apt. #, etc. 27 Suite 301
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip 24 34621 Country 25 USA	Zip 29 34621 Country 30

4. FEI Number: 59-3253936 — ☐ 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

WILSON, MARK L
1150 CLEVELAND ST., SUITE 420
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83:
84 City: Plantation FL 85 Zip Code: 33324

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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — 6/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	D	2.1 TITLE	VP, T, S	☒ Change ☐ Addition
NAME	WILSON, MARK L	2.2 NAME		
STREET ADDRESS	1150 CLEVELAND ST., SUITE 420	2.3 STREET ADDRESS	28050 US Highway 19, North, Suite 301	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE		3.1 TITLE	VP	☐ Change ☒ Addition
NAME		3.2 NAME	Michael Schmerge	
STREET ADDRESS		3.3 STREET ADDRESS	28050 US Highway 19, N, Suite 301	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE		4.1 TITLE	VP	☐ Change ☒ Addition
NAME		4.2 NAME	Thomas Hunt	
STREET ADDRESS		4.3 STREET ADDRESS	28050 US Highway 19 North, Suite 301	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL, 34621	
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: _____ 6-28-1995 (813)7999382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP