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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000028918

1. Corporation Name

BARON CAPITAL VII, INC.

Principal Place	e of Business	Mailing Address			
7826 COOPER RD 7826 COOPER RD					
CINCINNATI OH 45242 CINCINNATI OH 45242				DO NOT WRITE IN THIS	SPACE
us us				3. Date Incorporated or Qualifed	
				04/12/1995	ļ
2 Oringinal O	lace of Business	2a. Mailing Address	<del>-</del>	4. FEI Number	Applied For
— ·	ISCE OF DUSINESS	<del>}</del> 3		59-3312983	Not Applicable
21	# ata	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt.	#, BIC.	<b>⊢</b> '''		5. Certifcate of Status Desired	Fee Required
22 City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
<b>─</b>	<b>G</b>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	
24	25	29 30	¬ '	Personal Property Tax.	☐Yes ☐No
24	9. Name and Address of Current	<u> </u>	<u> </u>	10. Name and Address of New Registered	Agent
	o. Hallo alla Madicoc o. Galleni		81 Name	Gregory K. McGrath	-
MICG	rath, Greøory K				
2805	O D.S. 18 NORTH		82 Street Ad	4561 Gulf of Mexico Drive	
	E 301		83	#101	
	ARWATER FL 34615			Longboat Key, FL 34228	<del>,</del> _
,	^		84 City	Bongsour ===j,	p Code
		A COT 4500 Florido Districto	the above named earn	oration cultimits this statement for the purpose of	changing its registered
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 objection 607.0505, Florida Statutes.  SIGNATURE					
SIGNATORE	Signature, typed or printed name of registered agent	and little it applicable. (NOTE: Re	egistered Agent signature require		7
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, GREGORY K		1.2 NAME		
STREET ADDRESS	7826 COOPER RD		1.3 STREET ADDRESS		ł
CITY-ST-ZIP	CINCINNATI OH 452 <u>42</u>		1.4 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+ZEP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		Ì
STREET ADDRESS			3.3 STREET ADDRESS		ľ
CITY-ST-ZIP			3.4. CITY- ST- ZIP		
TITLE		☐ DELETE	4.1 TYTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del> </del>		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		·
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		_ Deterie	6.2 NAME	•	
NAME	1		· · · · · · · · · · · · · · · · ·		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RE REQUIRED INTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with his 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 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 attackment with an address, with all other like empowered.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90049 018 \*\*\*158.75

<u>≡</u> ,<u>i,</u>

**=** 397

≡ ::