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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

62 NAME

6.3 STREET ADDRESS

DOCUMENT # P95000044530 (0)

BARON CAPITAL VIII, INC.

STREET ADDRESS

CITY-ST-ZIP

NAME

Mailing Address

Principal Place of Business 28050 U.S. HIGHWAY 19 NORTH SUITE-801

22

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7795 COOPE	ER F	RD.
CINCINNATI	OH	45242-7703

29060 U.S. HIG SUITE 601 CLEARWATER	9HWAY 19 NORTH FL 3462 1	779\$ COOPER RD. CINCINNATI OH 45242-7703			3. Date Incorporated or Qualified	3a. Date of Last Report			
6 53-3-15	7	16				06/08/1995		01/1996	
2. Principal P	Jacobusiness King	A. Mailing Address				4. FEI Number		— 	pplied For
Suite, Apt.	1000	Suite, Apt. #, etc.				59-3325234			ot Applicable
22	w, 6to.	27				5. Certificate of Status Desired			Additional equired
City & Stat	CONTAIN ONIC	City & State				Election Campaign Financing Trust Fund Contribution	_□		May Be to Fees
Zip /	240 Country	Zip 29	Gount 30	lry		8. This corporation has liability for in Florida Statutes	ntangible Yes [. 199.032,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re-	gistered	Agent	
MCC	GRATH, GREG		6	1	Name				
28050 U.S. HIGHWAY 19 NORTH SUITE 801			82 Str		Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ARWATER FL 34621		8	3					·————
			8	4	City		FL	85 Zip	Code
agent. I a SIGNATURE	m familiar with, and accept the obligation of the obligation of the state of the st	tions of, Section 607.0505, Floor and title if applicable (NOT	Oricia Statut	es	l.	oration submits this statement for the p on's board of directors. I hereby accep ad when rainstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	P ARODATIL OPEODRY	☐ DELETE	1.1 7111.6					Change	Addition
NAME	MCGRATH, GREGORY K 7795 COOPER RD.		1.2 NAM			9000022	3C) J	769	-4
STREET ADDRESS	CINCINNATI OH 45242				ADDRESS	-06/04/ ***208	97U) 11192: 3-4-9-4-1	UUI CE OO
CITY-ST-ZIP TITLE	OHOHAM ON 43242	☐ DFLETE	1.4 City 21 Title		- 7IP	李 李 李 <u>李 3 [2]</u>	<u>Li, Ulli</u>	Thange	<u> </u>
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NAME			4. 2 NAM	NE.					
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CITY-ST-ZIP			4.4 CITY		- ZIP		<u>~</u>	a con late	
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STREET ADDRESS					ADDRESS	/\M\ \\X\			
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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

14. I do hereby certify that the information supplied with this 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 logal effect as if made under oath; that I am an officer or director of the corporation or the required 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 or anjaglachment with an address.