SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT #	P95000049836	(6)
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FILED Sep 16 1997 8:00am Secretary of State

BARON EQUITIES I. INC. Principal Place of Business Mailing Address 28050 U.S. HIGHWAY 19 NORTH 7795 COOPER RD. SUITE 301 CINCINNATI OH 45242 CLEARWATER FL 34621 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1995 05/01/1996 Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 21 59-3326217 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KUPERSTEIN, STANLEY H 81 Name 1428 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **6TH FLOOR MIAMI FL 33131** 83 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 Signature, typod or ponted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 TITLE Change ☐ Addition MCGRATH, GREGORY K NAME 1.2 NAME 7795 COOPER RD. STREET ADDRESS 1.3 STREET ADDRESS CINCINNATI OH 45242 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 (01) Addition Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Addition 5.1 THLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

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 amount report of supplemental around 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 demonstration of the demonstratio

CIONATURE.