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 # P95000049836

1. Corporation Name
BARON EQUITIES I, INC.

Principal Place of Business	Mailing Address
28050 U.S. HIGHWAY 19 NORTH SUITE 301 CLEARWATER FL 34621	7826 COOPER RD CINCINNATI OH 45242 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3326217**	Applied For / Not Applicable

| 21 | 7826 Cooper Road Cincinnati, OH 45242 | 26 | |
| 22 | | 27 | Suite, Apt. #, etc. |

5. Certifcate of Status Desired ☒ — **$8.75** Additional Fee Required

| 23 | City & State | 28 | City & State |

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

| 24 | Zip / 25 Country | 29 | Zip / 30 Country |

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUPERSTEIN, STANLEY H
1428 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name	Gregory K. McGrath
82	Street Address	4561 Gulf of Mexico Drive
83		#101
84	City	Longboat Key, FL 34228

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 4/5/99
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, GREGORY K		1.2 NAME		
STREET ADDRESS	7826 COOPER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45242		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-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 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, with all other like empowered.

SIGNATURE: _____ Date 4/5/99 Daytime Phone # (513) 984-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)