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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051164 (8)

BARON CAPITAL X, INC.

FILED May 12 1998 8:00am Secretary of State



								61%)
Principal Place of Business Mailing Addross						}		
7826 COOPER ROAD 7826 COOPER ROAD								
CINCINNATI OH 45242 US		US US	CINCINNATI OH 45242 US			DO NOT WRITE IN THIS SPACE		
-		•••			,	3. Date Incorporated or Qualified		
						06/30/1995		
	ace of Business	2a, Mailing Address				4. FEI Number	/	Applied For
21		26	26			65-0590758		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				S. Commode of Status Desired		Required
City & State		City & State	—- -			Election Campaign Financing \$5.00 May Be		
23	Country	28		under .		Trust Fund Contribution		d to Fees
Zip 24	Country	Zip	⊢	intry		8. This corporation owes or has paid the cu	_ ` `	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Τ		Personal Properly Tax due June 30. 10. Name and Address of New Registered	Yes /	No
GK	RA CORP.	Tott Hogistovou Agoin		81 N	ame	10. Halle and Addition of How Hogistore	. Agom	
	28 BRICKELL AVENUE							
	AMI FL 33131			82 Si	ireet Addres	ss (P.O. Box Number is Not Acceptable)		
MIN	umi i C 33131			63				
				84 C	ity	FI	85 Zir	p Code
11. Pursuant	to the provisions of Sections 607 (1502 and 607 1508. Florida Sta	dutes the a	bove-na	med corpo	ration submits this statement for the purpose of		its registered
office or r	egistered agent, or both, in the St	ate of Florida. Such change wa	as authorize	d by the	corporatio	in's board of directors. I hereby accept the ap	pointment a	s registered
	m lanimar with and accept the or	algations or, accitor 607.0000,	riorida Sta	tutes				
SIGNATURE	Signature, typed or prieted name of registered	agent and little if applicable (I	NOTE: Booistere	d Agent sig	onature recipired) when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	P	DELETE	1.1 (0	TLE	<u> </u>		Change	Addition
NAME	MCGRATH, GREGORY		1.2 N	AME				
STREET ADDRESS	2795-000PEN RD: 78	26 COOPER RUA	135	TREET ADD	RFSS			
CITY-ST-ZIP	CINCINNATI OH 45242			ITY-ST-ZIF	>			
TITLE		☐ DELETE	2.1 Ti	ITLE			Change	Addition
NAME			2.2 N	AME	Ì			
STREET ADDRESS			2.3 \$	TREET ADD	RESS			
CITY-ST-ZIP			2.40	CITY - ST - ZI	Р	.,		
TITLE		L DELETE	3.1 1(TLE	ĺ		∐ Change	Addition
NAME			3.2 N	AMÉ				
STREET ADDRESS			3.3 S	TREET ADDI	RESS			
CITY-ST-ZIP				ITY - ST - 21	P			
TITLE		∐ DELETE	4.1 T)				Change	Addition
NAME			4. 2 N					
STREET ADDRESS				TREET ADD				
CITY-ST-ZIP		DELETE		TY-ST-ZIF	<u>-</u>		Change	1 delition
TITLE		[DELETE	51 Th				Change	Addition
NAME OFFICE ADDRESS			52 N					
STREET ADORESS				TREET ADD	1			
CITY-\$T-ZIP TITLE		DELETE	6.1 TI	ITY-ST-ZIF	'		Change	Addition
NAME		C) precit	6.2 N				onange	rwomon
STREET ADDRESS				rivit Treet addi	oree			
CITY-ST-ZIP		Λ .			1			
14 Lhereby c	ertify that the information supplier	i vin this filing cloes not qualif	y for the eve	ITY-\$T-ZIF emption	stated in Se	ection 119.07(3)(i), Florida Statutes. I further o	ertify that th	ne information
indicated	on this annual report or suppleme	mulaphual report is true and a	accurate an	d that m	y signature	shall have the same legal effect as if made u red by Chapter 607, Florida Statutes; and that	nder oath; t	hat I am an
Difficet of (mi n érioi oi nie corbutation och a	crowings or trustage emplowered.	in execute ;	uus repo	лт as requir	co by chapter our, morida Statutes; and that	тту пате а	.ppears in