## 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 # **P95000096631**1. Corporation Name

BARON CAPITAL XV. INC.

Principal Place	of Business	Mailing Address								
7828 COOPER J	ÁD	7826 COOPER RD								
SUITEX TO X		CINCINNATI OH 45242					DO NOT WD	TE IN TUIO	00405	
CLEARWATER FL 34621		US				DO NOT WRITE IN THIS SPACE				
US						3. Date Incorpora	ted or Qualifed	ł		
						12/21/1995				
	lane of Rusinass	2a. Mailing Address				4. FEI Number				pplied For
7826 Cooper Road		26			59-3354104				ot Applicable	
Cincinnati, OH 45242		Suite, Apt. #, etc.			5. Certifcate of St	atus Desired	X		Additional	
22		27			o. Octanoate of o.			Fee R	equired	
City & State		City & State			6. Election Campa	aign Financing		\$5.00	May Be	
23		28				Trust Fund Cor	ntribution		Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporatio	n owes the cur	rent year Int	angible	
24	25	29	30			Personal Prope	erty Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent				10. Name and Ad	dress of New	Registered_	Agent	
4400			8	11 N	Name	Gregor	y K. McC	Grath		•
	RATH, GREGORY 0 U.S. HIGHWAY 19 NORTH		8	2 5	Street Add	4561 Gulf			-	
						#101	01 1			
	E 301		8	13			TZ TH	24220		
CLEA	ARWATER FL 34621	^	8	A C	City	Longboat	Key, FL	34228		Code
		/) .			•					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statutes	s, the abo	ve-n	amed corpo	oration submits this st	atement for the	purpose of	changing it	s registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the state of m familiar with, and accept the obligat	of Florida. Such change was aut	thorized b da Statute	y the es.	corporation	n's board of directors	. I nereby acce	pt the appoil	ntment as n	agistereu i
	The fact that the same of the	XHAHA						4/5	199	
SIGNATURE		· \   • \   0				when reinstating)		DATE		
	Signature, typed or printed name of registered agen	t and White if ap Micable. (NOTE: h	Registered Ag	gent sig	gnature required					
12.		D DIRECTORS	13.	gent sig	nature required	ADDITIONS/CH	ANGES TO OF	FICERS AN		
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12.	OFFICERS AN	D DIRECTORS	13.	Ē.	gnature required		ANGES TO OF	FICERS AN		
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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 the 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 employered 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 any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRIM

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90310 001 \*1,905.00