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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003083 (8)

1. Corporation Name
BARYON, INC.



Principal Place of Business
46 N. WASHINGTON BLVD
SUITE 1
SARASOTA FL 34236

Mailing Address
46 N. WASHINGTON BLVD
SUITE 1
SARASOTA FL 34236-5977

3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report N/A
4. EI Number 65-0648100	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21 1819 MAIN STREET
Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL
Zip 34236 Country

24

2a. Mailing Address
26 3230 South Gate Circle
Suite, Apt. #, etc.

27 City & State

28 Sarasota, FL 34239
Zip Country

29

30

9. Name and Address of Current Registered Agent

WEINER, NEVIN A
46 NORTH WASHINGTON BOULEVARD
SUITE 1
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WEINER, NEVIN A 46 N. WASHINGTON BLVD., SUITE 1 SARASOTA FL 34236 ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE	D,P DIAMOND, GENE M. 1819 MAIN STREET SARASOTA FL 34236 ☐ Change ☒ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	D,VP DIAMON, BYRON E. 1819 MAIN STREET SARASOTA FL 34236 ☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	D,S,T DIAMOND, BARBARA A. 1819 MAIN STREET SARASOTA FL 34236 ☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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.

SIGNATURE: Eugene M. Diamond
GENE M. DIAMOND, President

(941) 954-3370
3/17/97

Daytime Phone #

0426845

CR2E034 (9/96)