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

P96000029949 (0) DOCUMENT #

FILED May 12 1998 8:00am Secretary of State

BAHON	CAPITAL XXVII, INC.				
Principal Place	e of Business	Mailing Address		- I CODICE ILLE CITTLE BILL BALL BALL BALL BALL BALL BALL BALL	IN 10116 (811) OIDIN 1911 (88)
7765-GODDER ROAD		7786-GOOPER-ROAD	-		
CINCINNATI OH 45242		CINCINNATI OH 45242			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 04/05/1996	
2. Princinal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 782			OPER ROAD	31-1482070	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.	OPER FORD		\$8.75 Additional
22	,	27		6. Certificate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		☐ Yes ☑ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
	HMERGE, MICHAEL		81 Name		
28050 U.S. HIGHWAY 19 NORTH			ess (P.O. Box Number is Not Acceptable)		
SUITE 301					
CLE	EARWATER FL FL346-21		83		
			84 City		85 Zip Code
				FL	.
SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligations of the obligation		in authorized by the corporations authorized by the corporation of the	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate of whom reinstaling). DATE	pointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, GREGORY		1.2 NAME		
STREET ADDRESS	7705 GOOPER ROAD 782	6 COOPER ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45242	•	14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3 4. CITY - S1 - 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		Α	6.4 CITY - \$1 - ZIP		
14. I hereby c	ertify that the information supplied wi	th this filling does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information

be and accurate and that my signature shall have the same legal effect as if made under oath; that I am at owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed, or on a