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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029951 (6)

BARON CAPITAL XXVIII, INC.

Principal Place of Business Mailing Address 7795 COOPER ROAD 7795 COOPER ROAD CINCINNATI OH 45242 **CINCINNATI OH 45242-7703** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Florida Statutes Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHMERGE, MICHAEL 28050 U.S. HIGHWAY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 301 **CLEARWATER FL 34621** 83 84 City Zip Code 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 Signature, typed or printed hame of registered agent and title if applicable (NOTE: Fregistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE 900002201759-5 -06/04/97-01092-001 MCGRATH, GREGORY NAME 1.2 NAME 7795 COOPER ROAD STREET ADDRESS 1.3 STREET ADDRESS **CINCINNATI OH 45242** ***2080.80 *****165.00 CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition 2 1 11TLE TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP

6.4 CITY-ST-ZIP

14. Ido 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 Effect 13 if changed; of of an algorithm and officer.

3 1 THLE

4.1 TITLE

4 2 NAME

5.1 TITLE 5.2 NAME

61 THLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-7IP

6.3 STREET ADDRESS

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

DELETE

DELETE

DELETE

. DELETE

SIGNATURE: JAM DU KALLAM

4/20/07 888-880-8860

☐ Change

Change

Change

☐ Change

Addition

Addition

Addition

Addition

FILED

97 JUN -2 AM 10: 11

SECRETARY OF STATE

72E034 (9/96)