

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

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May 05 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 # P96000073017 (1)

1. Corporation Name

BARON GORDON ENTERPRISES, INC.

Principal Place of Business

5553 N.W. 41 AVENUE
COCONUT CREEK FL 33073

Mailing Address

5553 N.W. 41 AVENUE
COCONUT CREEK FL 33073-4022



| | | | | | | | |
|--------------------------------|----------------|---------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/27/1996 | | 3a. Date of Last Report | |
| 21 | 1830 SW 51 Ter | 26 | 4350 SW 59 Ave | 4. FEI Number 65-0734275 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 | | 27 | Suite D2 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 23 | Plantation, FL | 28 | DAVIE FL | | | | |
| 24 | Zip 33317 | 29 | Zip 33316 | | | | |
| 25 | Country USA | 30 | Country USA | | | | |

9. Name and Address of Current Registered Agent

FITZGERALD, SCOTT W
5553 N.W. 41 AVENUE
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

| | | |
|----|----------------------------------------------------|---------------------|
| 81 | Name | Fitzgerald, Scott W |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 1830 SW 51 Ter |
| 83 | | |
| 84 | City | Plantation FL |
| 85 | Zip Code | 33317 |

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 name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE | PT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FITZGERALD, SCOTT W | 1.2 NAME | |
| STREET ADDRESS | 5553 N.W. 41 AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073 | 1.4 CITY - ST - ZIP | |
| TITLE | VS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENNINGSON, JAMES B | 2.2 NAME | Dennis S. Greco |
| STREET ADDRESS | 5553 N.W. 41 AVENUE | 2.3 STREET ADDRESS | 139 Johnson Street |
| CITY - ST - ZIP | COCONUT CREEK FL 33073 | 2.4 CITY - ST - ZIP | Hollywood, FL 33020 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - 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:

Scott W Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/25/97 954 791-0136
Date Daytime Phone #

CP2E034 (9/96)