## 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 # P96000080557

1. Corporation Name

BARON CAPITAL XXXVII, INC.

Principal Place of Business		Mailing Address			
77 <b>93-000259-RGA</b> D		-7795 GOOPER ROAD -			
TOPO COOPER	RO 3	7020 COOPER RD-		DO NOT WRITE IN THIS SPACE	
CINCININATI OH 45242		-CINCINNATI OH 45242			
- <del>U5</del>		<del>_ US-</del>		3. Date Incorporated or Qualifed 09/27/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
7826 Cooper Road		26 7826 Cooper Re	nad '	58-2272227	Not Applicable
Cincinnati, OH 45242		Cincinnati, OH		E Continue of Chair Desired	\$8.75 Additional
22 Cincinnati, O11 43242		27 Cincinnan, On	43242	5. Certifcate of Status Desired	Fee Required
City & State		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 the current year In	tangible
24	25	29 30	ol	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Registered	Agent
			81 Name	Gregory K. McGrath	
SCHMERGE, MICHAEL			82 Street Addı	4561 Culf of Marriag Dairy	-
28050 U.S. HIGHWAY, 19 NORTH			62 Stieet Addi	#101	
SUITE 301			83		
CLE/	ABWATER FL 34621			Longboat Key, FL 34228	
/		^	84 City		Code
44 0	the providing of Castiana 607	0602 and 607 1509 Florida Statutes	the above-named corn	poration submits this statement for the purpose of	changing its registered
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 207.0505, Florida Statutes.					
agent. I a	m familiar with, and accept the ob	libatidas de Section 807.0505, Florid	a Statutes.	c 1/2	10 a
SIGNATURE	[			4 2	<u> </u>
	Signature, typed or printed name of registered	· •	gistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	PST	AND DIRECTORS	1.1 TITLE	ABBITIONO/CHANGES TO OFF TOERCO A	Change Addition
TITLE		E beceit	1		
NAME	MCGRATH, GREGORY		1.2 NAME		
STREET ADDRESS	7826 COOPER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45242		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ji.		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		J
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	-10-	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TITLE		2 -222.2	5.2 NAME		–
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY+ST-ZIP		
CITY-ST-ZIP		□ SCIETE	6.1 TITLE		Change Addition
TITLE		☐ DELETE	6.2 NAME		Change Dynamon
NAME					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-7IP		<b>A</b>	6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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

05-06-1999 90310 002 \*1,905.00