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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019186 (0)

BARON'S INC.

FILED Jan 23 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1499 HUNT LANE 1499 HUNT LANE CLEARWATER FL 34624 **CLEARWATER FL 34624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 14210 Oakwood Dr 59-<u>343/887</u> Not Applicable 14210 Oakwood Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Hudso Hudso Fee Required 6. Election Campaign Financing \$5.00 May Be 34669 Trust Fund Contribution 34669 28 Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible 25 4 5 29 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes 24 30 US A 10. Name and Address of New Registered Agent 81 Name BARONE, CARL Street Address (P.O. Box Number is Not Acceptable) 1499 HUNT LANE 82 **CLEARWATER FL 34624** 83 AΔ 1802 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. of registered agent and title if applicable. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 70116 BARONE, CARL 1.2 NAME NAME Barone, Carl 14210 Bakword Carl 1499 HUNT LANE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34624** CITY-ST-ZIP 1.4 CITY-ST-ZIP Hudson, FL 34669 DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- \$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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. COLL JULY 200