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 # P97000026879

1. Corporation Name

SIGNATURE:

BARON CAPITAL XLVI, INC.

Principal Place	e of Business	Mailing Address						
7826 COOPER RD		7826 COOPER RD						
CINCINNATI OH 45242		CINCINNATI OH 45242				DO NOT WRITE IN THIS	SPACE	
U\$		US				Date Incorporated or Qualifed	- TOE	
						03/25/1997		į
0 5: : : 5		2s Mailing Address				4. FEI Number		Applied For
·	lace of Business	2a. Mailing Address				58-2275708	H	Not Applicable
21 Suite Act	# ata	Suite, Apt. #, etc.					\$8.7	5 Additional
Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Required		
City & State		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28		Trust Fund Contribution		ed to Fees		
Zip	Country	Zip	Cour	ntrv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. This corporation owes the current year Int		
24	25	29 30	_	,		Personal Property Tax.	☐ Yes	□No
24]	9. Name and Address of Current		<u> </u>			10. Name and Address of New Registered	Agent	
				81	Name	Gregory K. McGrath		
	MERGE, MICHAEL		-		Ot 1 4 4 4			
2805	10 US HIGHWAY 19 NORTH STE	301		82	Street Add	4561 Gulf of Mexico Drive		
CLE/	arwater fl 34624		F	83		#101		
	· 1					Longboat Key, FL 34228		
4	<i>C</i> /1.			84	City	Bongoon 120, 12 - 121		ı Code
11 Dumuent	to the provinces of Sections (407.050)	and 607 1508 Florida Statutes	the ah	nove-	named corpo	ration submits this statement for the purpose of	changing	its registered
office or r	egistered agent, or both, in the State	f Florida. Such change was auth	norized	by t	he corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo	ntment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statu	ites.		1///	<i>)O</i> (
SIGNATURE	Signature, typed or frinted name of registered aged	and title if applicable. (NOTE: Re	egistered /	Agent	signature required	when reinstating)		
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS A	ID DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1.1 TITI	LE			Chan	ge Addition
NAME	MCGRATH, GREGORY		1,2 NA	ME				
STREET ADDRESS	7826 COOPER RD		1.3 STF	REET A	ADDRESS		-	
CITY-ST-ZIP	CINCINNATI OH 45242		1.4 CIT		ļ			
TITLE		☐ DELETE	2.1 TIT				☐ Chan	ge
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			2, 4 CI		ì			'
TITLE		☐ DELETE	3.1 TIT				Chan	ige Addition
NAME					- 1		□ •	
STREET ADDRESS		_	3.2 NA	ME				
		_	3.2 NAI		AODRESS			
			3.3 STF	REET #	ADDRESS			
CITY-ST-ZIP		DELETE	3.3 STF 3.4. CIT	REET /	- 1		Chan	ige Addition
TITLE		☐ DELETE	3.3 STE 3.4. CII 4.1 TIII	REET / TY-ST LE	- 1			ge Addition
TITLE NAME		☐ DELETE	3.3 STF 3.4. CF 4.1 TITE 4. 2 NA	REET / TY-ST- LE UME	- ZIP			ge Addition
TITLE NAME STREET ADDRESS		☐ DELETE	3.3 STF 3.4. CF 4.1 THT 4. 2 NA 4.3 STF	REET / TY-ST LE UME REET /	-ZIP ADDRESS			ge Addition
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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 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 of true tee employered 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 appears with all other like empowered.

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

05-06-1999 90310 001 *1,905.00