## 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

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

05-06-1999 90292 002 \*\*\*793.75

<b>DOCUMENT #</b>	P97000039341
1. Comoration Name	, 0.000000

BARON CAPITAL OF DAYTONA, INC.

Principal Place	of Business	Mai	ling Address	<del></del>				
7826 COOPER F	ROAD	7826	COOPER ROAD					
THE COORDEN TIDE				DO NOT WRITE IN THIS SPACE				
CINCINNATI OH	45242		INNATI OH 45242				110 GFACE	
US		บร				3. Date incorporated or Qualifed 05/02/1997		
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number	A	applied For
21		26				31-1591525		lot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	e		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Cou	ntry	8. This corporation owes the current year		_
24	25	29		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Regist	ered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Register	ed Agent	
					81 Name	Gregory K. McGrath		
	A CORP				82 Street Ac	4561 Gulf of Mexico Driv	_	
	BRICKÉLL AVENUE				000.7.1.		,e _	
MIAN	II FX 33131				83	#101		
/					84 City	Longboat Key, FL 3422	8 <del>i</del> r	Code
11 Durayant	to the provisions of Sections 607.05	02 and 60	7 1508 Florida Stati	ites the a	hove-named corne	oration submits this statement for the purpose	e of changing i	ts registered
office or n	egistered agent, or both, in the State	e of Florid	Such change was	authorized	by the corporation	on's board of directors. I hereby accept the ap	pointment as r	registered
agent. I a	m familiar with, and accept the oblig	ayons or	Section 607.0505, FI	orida Stat	utes.	Ulclas		}
SIGNATURE	Signature, typed or printed name of regularity	A Contract	anniionhlo (NOT	E. Panietarad	Agent signature required	( when reinstating) DATE		<del></del>
12.	Signature, typed or printed name of regularities of OFFICERS A			13.	rigorit algriculari i oquiroc	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	P	TID DITTE	☐ DELETE	1.1 T	ne T		☐ Change	
1	MCGRATH, GREGORY			1.2 N				
NAME	7826 COOPER RD				REET ADDRESS			ļ
STREET ADDRESS	CINCINNATI OH 45242							1
CITY-ST-ZIP	GINGHNATI OTI 45242		☐ DELETE	2.1 TJ	TY-ST-ZIP		☐ Change	e
TITLE			C berrie					_
NAME '				2.2 N				
STREET ADDRESS	III				TREET ADDRESS			ľ
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NAME				3.2 N	AME			
STREET ADDRESS				3.3 S	REET ADDRESS			
CITY-ST-ZIP				3.4. C	ITY-ST-ZIP			C7 & 44%
TITLE			☐ DELETE	4.1 TI	TLE		☐ Change	e 🔲 Addition
NAME				4,21	AME			
STREET ADDRESS				4.3 \$	TREET ADDRESS			
CITY-ST-ZIP				4.4 C	TY-ST-ZIP			
TITLE			☐ DELETE	5.1 TI	TLE		☐ Change	e
NAME				5.2 N	AME			
STREET ADDRESS				5.3 \$	TREET ADORESS			}
CITY-ST-ZIP				5.4 C	TY-ST-ZIP	<u></u>		
TITLE			☐ DELETE	6.1 T	TLE		Change	e 🗌 Addition
NAME				6.2 N	AME			
STREET ADDRESS				6.3 S	TREET ADDRESS			

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:** 

OFFICER OR DIRECTOR

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