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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048443 (0)

BARON CAPITAL LXII, INC.

## FILED May 14 1998 8:00am Secretary of State



| Principal Plac  | ce of Business                                     | Mailing Address                                     | ··              |                        |  |
|---|--|---|-----------------|------------------------|--|
|   |  | Mailing Address                                     |                 |                        |  |
| F705-GOOPE<br>CINCINNATI  | · · · · · · · · · · · · · · · · · · ·              | <del>-7705-900PER-R8A8</del><br>CINCINNATI OH 45242 |                 |                        |  |
| CileCatedarii   | OH 40242   | CINCINNATI UH 452                                   | 42              |                        | DO NOT WRITE IN THIS SPACE                                       |
|   |  |   |                 |                        |  |
|   |  |   | <del></del>     |                        | 3. Date Incorporated or Qualified<br>06/02/1997                  |
|   | Place of Business                                  | 2a. Mailing Address                                 | <i>7</i> .      | ~                      | 4. FEI Number 11 1 COUSTO Applied For                            |
| 21 782  | 6 COOPER ROAD                                      | 26 1826   | COOPER          | RUAD                   | 31-1580950 Applied For Not Applicable                            |
| Suite, Apt.   | .#,etc.  | Suite, Apt. #, etc.                                 |                 |                        | 5. Certificate of Status Desired \$8.75 Additional               |
| 22  |  | 27  |                 |                        | · ree nequireo   |
| City & Stat   | te   | City & State  |                 |                        | Election Campaign Financing \$5.00 May Be                        |
| 23  |  | 28  |                 |                        | Trust Fund Contribution Added to Fees                            |
| Zip   | Country  | Zip   | L Cou           | untry                  | 8. This corporation owes or has paid the current year Intangible |
| 24  | 25   | 29  | 30              |                        | Personal Property Tax due June 30. 🔲 Yes 🔀 No                    |
|   | g, Name and Address of Curren                      | t Registered Agent                                  |                 | 1                      | 10. Name and Address of New Registered Agent                     |
| MCGRATH, GREGVORY K   |  |   |                 | 81 Name                |  |
| % AFFIRMATIVE MANAGEMENT, INC.  |  |   |                 | 82 Street Add          | ddress (P.O. Box Number is Not Acceptable)                       |
|   | 050 US HWY 19 N, STE. 301                          |   |                 |                        |  |
| CL  | EARWATER FL 34621                                  |   |                 | 63                     |  |
|   |  |   |                 | 84 City                |  |
|   |  |   |                 | 84 City                | FL 85 Zip Code   |
| 11. Pursuant to the provisions of Soctions 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 age | ot and little if applicable                         | (NOTE Registere | d Agent signature requ | quited when reinstating) DATE                                    |
| 12,   | OLFICERS ANI                                       |   | 13.             |                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                |
| TITLE   | PST  | DELETE  | 1.1 T           | TLE                    | Change Addition  |
| NAME  | MCGRATH, GREGORY K                                 |   | 1.2 N           | AME                    |  |
| STREET ADDRESS  | <del>-7795-000PER-ROA</del> D 17 ଝିଟ               | 16 COURCE ROAL                                      | ) 135           | TREET ADDRESS          |  |
| CITY-ST-ZIP   | CINCINNATI OH 45242                                | •   |                 | ITY-ST-ZIP             |  |
| TITLE   |  | DELETE  |                 | ·                      | Change Addition  |
| NAME  |  |   | 2.2 N           | ſ                      | _ Shorter _ Notition   |
| STREET ADDRESS  |  |   |                 | TREET ADDRESS          | İ  |
|   |  |   | i i             |                        |  |
| CITY-ST-ZIP<br>TITLE  |  | DELETE  |                 | CITY-ST-ZIP            | Change Addition  |
| NAME  |  |   | 1               | Ì                      | L_I Change L_I Addition  |
|   |  |   | 3.2 N           |                        |  |
| STREET ADDRESS  |  |   |                 | TREET ADDRESS          |  |
| CITY-ST-ZIP   |  | T DELEGE  |                 | CITY - ST - ZIP        |  |
| TITLE   |  | ☐ DELETE  |                 |                        | Change Addition  |
| NAME  |  |   | 4.2 N           | IAME                   |  |
| STREET ADDRESS  |  |   | 4.3 S           | TREET ADDRESS          |  |
| CITY-ST-ZIP   |  |   |                 | TY - ST - ZIP          |  |
| TITLE   |  | DELETE  | 5.1 TI          | TEE                    | ☐ Change ☐ Addition  |
| NAME  |  |   | 5.2 N           | AME                    |  |
| STREET ADDRESS  |  |   | 5.3 \$1         | IREET ADDRESS          |  |
| CITY-ST-ZIP   |  |   | 5.4 CI          | 11Y-S1-ZIP             |  |
| TITLE   |  | ☐ DELETE  |                 |                        | Change Addition  |
| NAME  |  |   | 6.2 N           | AME                    | <del>_</del>   |
| STREET ADDRESS  |  |   |                 | REET ADDRESS           |  |
| CITY-ST-ZIP   |  | Λ   |                 | TY-SI-ZIP              |  |
|   |  |   | ■ V-1 U         |                        |  |

14. Thereby certify that the information supplied with his 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 signalure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the foccive for trustof 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 by an audit point with in address.