2004 FOR PROFIT CORPORATION

May 10, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P97000048443** 05-10-2004 90454 019 ***150.00 BARON CAPITAL LXII, INC. Principal Place of Business Mailing Address 24073534 **GROVE AT LAKELAND SQUARE GROVE AT LAKELAND SQUARE** 3570 U S HWY 98 N 3570 U S HWY 98 N LAKELAND, FL 33809 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 31-1580950 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>ealtu</u> BARCAP REALTY SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) **GROVE AT LAKELAND SQUARE** 3570 U S HWY 98 N LAKELAND, FL 33809 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change NAME ASTORINO, ROBERT NAME 3570 98 N STREET ADDRESS 3570 U S HWY 98 N STREET ADDRESS 33809-3840 CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP TITLE ☐ Delete X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3809-3840 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ___ Addition

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: