Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000055424

1. Corporation Name

Principal Place of Business

BARON CAPITAL LXIV, INC.

7826 COOPER ROAD CINCINNATI OH 45242 US				7826 COOPER ROAD CINCINNATI OH 45242 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
									06/24/1997			<u>. </u>	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		}+	Applied	
				26					31-1580954			Not App	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certifcate of Status Desired	X	\$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution		•	0 May	
Zip	Cou	ntry	29	Zip Country 29 30					8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Ad	dress of	Current Registe	ered Agent					10. Name and Address of New F	Registered	Agent		
	1			_		81	١	Name	Gregory K. McGr	rath			
	ier, robert s e: Briskell avenu		FLOOR			82	5	Street Addi	4561 Gulf of Mexico				
	AI FL 33191	_,				83	\vdash		#101				
						"	`\		Longboat Key, FL	34228			
,			Λ			84	7	City	<i>5</i>			Code	•
SIGNATURE	to the provisions of segistered agent, or the manifest ma	name of registr	ered/agent and title if	applicable.	(NOTE: Regist	ered Age			oration submits this statement for the on's board of directors. I hereby accept directors and the oration of the on's board of directors. I hereby accept directors and the oration of the	1/5/9 DATE	7		
12.		OFFICE	RS AND DIREC			13.		· , · · ·	ADDITIONS/CHANGES TO OF	FICERS AF	Chang		Addition
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NAME .	MCGRATH, GRE					.2 NAME							
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STDEET ADDRESS	<u> </u>				6	.3 STREE	T AE	DORESS					•

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 thy 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 region 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.

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90028 022 ****52.92

05-19-1999 90028 023 ****52.91

05-19-1999 90028 024 ****52.92