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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000071985 (0)

BARON BASS, INC.

Mailing Address

2a. Mailing Address

<u>/1562</u>

Suite, Apt. #, etc # 708

-10000 4TH STREET NORTH BAINT PETERSBURG FL-09716 0204

2. Principal Place of Business

11562

Suite, Apt. #, etc. # 708

City & State

23 Saint

Principal Place of Business

- 10000-4TH-STREET-NORTH

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL-GABLES FL 33134AINT-PETERODURG FL 88716 320

	DO NOT WRITE	E IN THIS	S SPACE			
3.	Date Incorporated or Qualified 08/20/1997					
4.	FEI Number 59 - 346888	l		Applied For Not Applicable		
5.	Certificate of Status Desired		7	\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution		•	\$5.00 May Be Added to Fees		
8.	This corporation owes or has pa Personal Property Tax due June		current year	Intangible  No		
10.	Name and Address of New Ro	gistere	d Agent			
h	ard 5. Bar	<u>on</u>				
<b>5</b> (P	O. Box Number is Not Acceptal	70	8			

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**FILED** 

Apr 14 1998 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Statio of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

83

Retersburg, FL

SIGNATURE	Signature, typed or printed name of registered agent and title if applical	ole (NOTE: Re	gstered Agent signature	required when reinstating)	DAYE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	
TITLE	PSD	DELÉTÉ	1.1 TITLE		Change	Addition
NAME	BARON, RICHARD S		1.2 NAME		N/ #700	1;
STREET ADDRESS	-10600 4TH ST NORTH, UNIT 601		1.3 STREET ADDRESS	11562 8th 5t.	N. #708	i
CITY-ST-ZIP -	- SAINT PETERSBURG FL 33716-3204		1.4 CITY - ST - ZIP	Sount retensioning	JFL 33716	<u> </u>
TITLE	VTD	DELETE	2.1 TITLE		Change	Addition
NAME	BARON, ALLAN S		2.2 NAME	المالم مدين	A1 41-20	
STREET ADDRESS	10000 4TH ST NORTH, UNIT 601		2.3 STREET ADDRESS	11562 8th St.	N. #708	
CITY-ST-ZIP	SAINT-PETERGBURG FL 33716-3204		2. 4 CITY-ST-ZIP	Saint Retersburg	g JFL 33716	
TITLE		DELETE	3.1 TITLE	•	☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELEJE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			İ
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 or an attachment with an address.

SIGNATURE: