## 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 90013 018 \*\*\*158.75

DOCUMENT #	P97000097503

1. Corporation Name

BARON CAPITAL LXXXIII, INC.

Principal Place	e of Rusiness	Mailing Address		- I (CONTROL (IO IONI IODA) ORIXI ORXII ODIII EDIX	B 18111 18681 BILLI BRIBR (IL) 1881
7826 COOPER		7826 COOPER ROAD			
CINICINNATI OF		CINICINNATI OH 45242			
}				DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualifed	
				11/17/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		31-1590289	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City 8 State			<del></del>
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I	
<del></del>	25	29 30	¬ '	Personal Property Tax.	Yes 🗀 No
24	9. Name and Address of Curren	<u> </u>	<u> </u>	10. Name and Address of New Registere	
<u> </u>			81 Name	Gregory K. McGrath	
GK-{	RA CORP.	1			
1428	BRICKELL AVE.		82 Street Ac	4561 Gulf of Mexico Drive	
6TH	FLØ6R		83	#101	
MIAA	// FL 33191.			Longboat Key, FL 34228	
			84 City		ïp Code
11 Pursuant	to the provisions of Sections 607/050	2 and 607 1508. Florida Statutes	the above-named corp	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the state	of Horida. Such change was auth	norized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
agent. I a	m tamiliar with, and acceptane poliga	tions of, Section 607.0505, Florid	a Statutes.	4/1/	99
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE: R	egistered Agent signature require	ed when reinstating)	<u>/</u>
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	Ρ /	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, GREGORY		1.2 NAME		
STREET ADDRESS	7826 COOPER ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45242		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY+ST-ZIP	_	
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		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crty-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 suppliemental 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 of the report 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, in fine attachment with an address, with all other like empowered.

SIGNATURE:

FED NAME OF SIGNING OFFICES OF DIRECTOR rogory K McGrath

CR2E034 (11/98)

**=** is: