

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

DOCUMENT # P98000019859

1. Corporation Name
BARON CAPITAL LXXXV, INC.

Principal Place of Business
7826 COOPER ROAD
CINCINNATI OH 45242

Mailing Address
7826 COOPER ROAD
CINCINNATI OH 45242

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90013 037 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

31-1644157

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OK-RA CORP
1428 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address

83

84 City

Gregory K. McGrath
4561 Gulf of Mexico Drive
#101
Longboat Key, FL 34228

Code

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 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|-------|-----------|----------------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | President | Gregory K. McGrath | |
| | | 7826 Cooper Road | |
| | | Cincinnati, OH 45242 | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | | | |

| | | | |
|-----------|----------|--------------------|-----------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | | | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| | | | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 (513) 984-5001

CR2E034 (11/98)