

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

FILED
Apr 20 1998 8:00am
Secretary of State

DOCUMENT # 610232
1. Corporation Name

AARON'S WINDOW TREATMENTS, INC

Principal Place of Business
10364 Bermuda Drive
Cooper City, FL 33026

Mailing Address
c/o H. Friedman CPA
10031 Pines Blvd. 3104
Pembroke Pines, FL
33024

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
August 4, 1989

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 c/o H. Friedman CPA
Suite, Apt. #, etc.
27 11420 Wayne Ave.

28 Cooper City, FL 33026
29 Zip Country
30 33026

4. FEI Number
65-0150512

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Aaron J. Manes
10364 Bermuda Drive
Cooper City, FL 33026

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip 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 X *Aaron J. Manes*
Signature of Aaron J. Manes and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 13, 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME Aaron J. Manes
STREET ADDRESS 10364 Bermuda Drive
CITY-ST-ZIP Cooper City, FL 33026

TITLE Vice President ☐ DELETE
NAME Regina Manes
STREET ADDRESS 10364 Bermuda Drive
CITY-ST-ZIP Cooper City, FL 33026

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

SIGNATURE: x *Aaron J. Manes*
Signature and typed or printed name of signing officer or director

April 13, 1998 (954) 430-9057
Date Daytime Phone

CR2E034 (10/97)