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

Mailing Address

18331 PINES BLVD

2a. Mailing Address

PEMBROKE PINES FL 33029-1413

SUITE 210

26

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PEMBROKE PINES FL 33029

2. Principal Place of Business

18331 PINES BLVD

SUITE 210



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

(96/6)

R2E034

01/29/1996

3. Date Incorporated or Qualified

07/17/1995

65-0606883

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055528 (0)

AARON POOL & PALM DESIGNS, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Z_{1D} This corporation has liability for intangible tax under s. 199.032, X Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILDSTEIN, R. AARON 19911 N.W. 4TH STREET Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33029 83 Zip Code 84 City 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 farmear with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type dide prodedionne di regiotenti, ace of accoste il applicable (NC)TE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1700.6 Change Addition TITLE NAME WILDSTEIN, R. AARON 1.2 NAME 19911 N.W. 4TH STREET 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 1.4 CITY- \$1-2IP City - ST - ZIP DELETE Change Addition TOTLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Add/tion TITLE 3.1 TOTLE NAME 3.2 NAME 3.3 STREET ADDRESS SYREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition THE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-\$1-7(P) 4.4 CITY - ST - ZIP __ DELETE Change ___ Addition 5.1 TITLE THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7/P 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TIME NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I do 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

P. agran Wildetten R. AARON WILDSTEIN