

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082279 (7)

1. Corporation Name

ARONSON CONSULTING, INC.



Principal Place of Business

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

Mailing Address

5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100 - BARNETT CENTER
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

10/26/1995

3a. Date of Last Report

4. FEI Number

59-3347124

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

7. This corporation has filed for intangible assets under 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

BENJAMIN ARONSON

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

5085 MEDORAS AVENUE

83.

84.

ST. AUGUSTINE

FL

32084

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

Benjamin Aronson

5/10/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D President/Secretary
ARONSON, BENJAMIN
5085 MEDORAS AVENUE
ST. AUGUSTINE FL 32084

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~D Vice President~~
~~MURIEL K. ARONSON~~

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D Vice President ☐ Change ☒ Addition

MURIEL K. ARONSON

5085 MEDORAS AVENUE

ST. AUGUSTINE, FL 32084

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin Aronson

5/10/96 (904) 461 3131

CR2E034 (12/95)