

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000094576**

1. Corporation Name
AARON MANAGEMENT, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business
 21 **4035 Watercove Dr**
 Suite, Apt. #, etc.
 22 **Riverview, FL**
 City & State
 23 **33569** **US**
 Zip Country
 24 **33618** **US**
 Zip Country

2a. Mailing Address
 26 **13910 N Dale Mabry**
 Suite, Apt. #, etc.
 27 **Suite 1**
 City & State
 28 **Tampa, FL**
 City & State
 29 **33618** **US**
 Zip Country

3. Date Incorporated or Qualified **12-12-95**
 3a. Date of Last Report
 4. FEI Number **59-3348003**
 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SANDERS, WALTER
13910 N DALE MABRY HWY
SUITE ONE
TAMPA, FL 33618

10. Name and Address of New Registered Agent
 81 Name **SANDERS, WALTER**
 82 Street Address (P.O. Box Number is Not Acceptable) **13910 N DALE MABRY HWY**
 83 **SUITE ONE**
 84 City **TAMPA** **FL** 85 Zip Code **33618**

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 607.0605, Florida Statutes.

SIGNATURE *Walter Sanders* **04/12/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D CASHMAN ANN
1.3 STREET ADDRESS	4035 WATERCOVE DR
1.4 CITY - ST - ZIP	RIVERVIEW, FL 33569
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D CASHMAN, RON
2.3 STREET ADDRESS	4035 WATERCOVE DR
2.4 CITY - ST - ZIP	RIVERVIEW, FL 33569
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE *	<input type="checkbox"/> Addition
6.2 NAME *	600001788086
6.3 STREET ADDRESS	-04/22/96--01020--019
6.4 CITY - ST - ZIP	***200.00

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: *Ann Cashman* **ANN CASHMAN** **4-15-96** **813-663-0120**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date of Filing)

CR2E034 (12/95)