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Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90015 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060002

1. Corporation Name

| A. A. H | OLDING COMPANY INC. | | | |] | | |
|--|---|---------------------|-------------------------|----------------------|--|-------------------------|-----------------|
| | | | | | # 00 00 10 10 10 10 10 | | |
| | | | | <u>·</u> | | | |
| Principal Place of Business Mailing Address | | | | | | 38418 B3113 B4(11 A611) | B0110 1101 1001 |
| 3301 SW 14TH PLACE, BUILDING #1 3301 SW 14TH PLACE, BUIL BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426 | | | | | İ | | |
| | | | | | DO NOT WRITE IN | THE COACE | |
| | | | | | DO NOT WRITE IN 1 3. Date Incorporated or Qualified | HIS SPACE | |
| | | | | | 07/06/1998 | | |
| 2. Principal I | Place of Business | 2a. Mailing Address | | | 4 FFI Number | Δ, | oplied For |
| 21 | | 26 | - | | 65-0853083 | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | Additional |
| 22 | | 27 | 27 | | 5. Certificate of Status Desired | | equired - |
| City & Sta | ate | City & State | | | 8. Election Campaign Financing | \$5.00 | May Re |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Countr | у | 8. This corporation owes the current year | r Intangible | |
| 24 | 25 | | 30 | | Personal Property Tax. | ☐ Yes | □No |
| | Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registe | red Agent | |
| 07/ | ARNIECKI, ZYGMUNT S | | 8 | 1 Name | | | |
| 6057 NW 32ND WAY | | | 8: | 2 Street Add | dress (P.O. Box Number is Not Acceptable) | | |
| | CA RATON FL 33426 | | L | <u> </u> | | | |
| ВО | CA 1141011 1 L 35720 | | 8: | 3 | • | | |
| | | | 84 | 4 City | | 85 Zip (| Code |
| | | | | i | poration submits this statement for the purposition's board of directors. I hereby accept the at | ₹LIII. | |
| SIGNATURE | Signature, typed or printed name of registered agen | | - | ent signature requir | red when reinstating) DATE | | |
| 12. TITLE | OFFICERS AN | D DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS | | ORS IN 12 |
| NAME | CZARNIECKI, ZYGMUNT S | | 1.2 NAME | | • | ☐ Change | Addition |
| STREET ADDRESS | COFT ARM COLID INVAV | | | 1 | | | • |
| CITY-ST-ZIP | BOCA RTON FL 33496 | | 1 | ET ADORESS | • | | |
| TITLE | D | | 1.4 CITY-1 | 51-212 | | ☐ Change | Addition |
| NAME | SWEENEY, RICHARD | Lang | 2.2 NAME | 1 | | _ Onlings | |
| STREET ADDRESS | ACCOUNT OF CHACLE | | | ET ADDRESS | • • • | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | | 1 | | | |
| TITLE | D | ☐ DELETE | 2. 4 CITY- 3.1 TITLE | 31-ZIP | | ☐ Change | Addition |
| NAME | SWEENEY, THOMAS | <u> </u> | 3.2 NAME | | | [_] oago | |
| STREET ADDRESS | 4464 MMI 445MI TESS | | | T ADDRESS | and the same of th | | |
| CITY-ST-ZIP | PARKLAND FL 33067 | | 3.4. CITY- | | | | |
| TITLE | D | ☐ DELETE | 41 TITLE | | | ☐ Change | ☐ Addition |
| NAME | SWEENEY, GERRY | | 4. 2 NAME | : | | , – - | _ |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | | 4.4 CITY-5 | ĺ | : | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | • * | | |
| STREET ADDRESS | } | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-5 | ST-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | _ | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | • | | . } |
| CITY-ST-ZIP | ! | | 6.4 CITY-5 | 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:

561 - 738-1181