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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K73701**

1. Corporation Name

AARON STUDIO ENTERPRISES, INC.

| Principal Place  | e of Business  | Mailing Address  |   |   |                           |  |           |  |
|--|--|--|---|---|---------------------------|--|-----------|--|
| 2632 HOLLYWOOD BLVD  |  | 2632 HOLLYWOOD BLVD  |   |   |                           |  |           |  |
| SUITE 307  |  | SUITE 307  |   |   |                           | DO NOT WRITE IN THIS CRACE   |           |  |
| HOLLYWOOD FL 33020   |  | HOLLYWOOD FL 33020   |   |   |                           | DO NOT WRITE IN THIS SPACE   |           |  |
|  |  |  |   |   |                           | 3. Date Incorporated or Qualifed 03/17/1989  |           |  |
| 2. Principal Place of Business   |  | 2a. Mailing Address  |   |   |                           | 4. FEI Number Applied For  | г         |  |
| 21   |  | 26   |   |   |                           | 65-0119528 Not Applica   | ble       |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |                           | \$8.75 Additiona   | ıl        |  |
| 22   |  | 27   |   |   |                           | 5. Certificate of Status Desired Fee Required  |           |  |
| City & State   |  | City & State   |   |   |                           | 6. Election Campaign Financing S5.00 May Be  |           |  |
| <del>-</del> -¬ ´  |  | 28   |   |   |                           | Trust Fund Contribution Added to Fees  |           |  |
| 23 Zin   | Country  | Zip  | Cou   | intry   |                           | 8. This corporation owes the current year Intangible   |           |  |
| Zip  |  | 29   | 30  |   |                           | Personal Property Tax.   |           |  |
| 24   | 25<br>9. Name and Address of Cu  |  | 30  | т   |                           | 10. Name and Address of New Registered Agent   |           |  |
|  | 9. Name and Address of Co  | inent Registered Agent   |   | 81  | Name                      | TO, Mario and Mario State Stat |           |  |
| KFN  | neth J. Schwartz   |  |   |   | 7                         |  |           |  |
| 4699 S.W. 72ND AVE   |  |  |   | 82  | Street Ad                 | ddress (P.O. Box Number is Not Acceptable)   | Ì         |  |
|  | WI FL 33155  |  |   |   |                           |  |           |  |
| MIM  | WI FE 33 133   |  |   | 83  |                           |  |           |  |
|  |  |  |   | 84  | City                      | FL 85 Zip Code   |           |  |
| 11. Pursuant   | to the provisions of Sections 607  | 7.0502 and 607.1508, Florida Statut  | es, the a   | bove  | -named co                 | orporation submits this statement for the purpose of changing its registered   | ed        |  |
| office or r  | egistered agent, or both, in the S<br>im familiar with, and accept the o | state of Florida. Such change was a<br>ibligations of, Section 607.0505, Flo | umonzed<br>rida Stati   | utes.   | ine corpora               | ation's board of directors. I hereby accept the appointment as registered  | Į         |  |
|  | ,  | •  |   |   |                           |  | - 1       |  |
| SIGNATURE  | Signature, typed or printed name of registers                            | ed agent and title if applicable. (NOTE                                      | Registered  | Agen  | t signature requ          | uired when reinstating) DATE   |           |  |
| 12.  | OFFICER  | S AND DIRECTORS  | 13.   |   |                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1   |           |  |
| TITLE  | P  | ☐ DELETE   | 1.1 1≀  | TLE   | T                         | P  | dition    |  |
| NAME   | LEHMANN, JEFFERY   |  | 1.2 N   | AME   |                           | 19 Hery Lehmann  | - {       |  |
| STREET ADDRESS   | -1401 N. MADISON-AVE   |  | 1.3 S   | TREET   | ADDRESS                   | 2632 Hollywood Blvd. Ste 307   | ļ         |  |
| CITY-ST-ZIP  | HOLYWOOD-FL-33020  |  | 140   | ITY-S   | T- 71P                    | HOILYWOOD H 33020  | į         |  |
| TITLE  | 11021110001120020  | □ DELETE   | 2.1 TI  |   |                           | V.P. □ Change MAd  | dition    |  |
| 1  | ļ  |  | 2.2 N   |   | li l                      | loyd Goldsholle  |           |  |
| NAME   |  |  | •   |   |                           | 2632 Hollywood Blvd. Ste 307   |           |  |
| STREET ADDRESS   |  |  | 1   |   |                           | Hollywood, FL 33020  | - 1       |  |
| CITY-ST-ZIP  |  |  |   | TY-S  | T-ZIP                     | S/T Change XAd   | - Idition |  |
| TITLE  | j  | ☐ DELETE   | 3.1 TI  |   | ندا                       |  |           |  |
| NAME   |  |  | 3.2 N   |   | ាំជ                       | Tean Emerson Blvd. Ste 307   |           |  |
| STREET ADDRESS   |  |  | 3.3 S   | TREET   |                           |  |           |  |
| CITY-ST-ZIP  |  |  |   |   | + 7/D   L                 | Hollywood, Fl 33020  |           |  |
| TITLE  |  |  | 3.4. C  | TY-S  | 1-217                     | 1.00.17.00.20.20.20.20.20.20.20.20.20.20.20.20.  |           |  |
| NAME   |  | ☐ DELETE   | 3.4. C  |   | 1-21                      | Change Ac  | dition    |  |
|  |  | ☐ DELETE   |   | TLE   | 1-21                      | 1.00.17.00.20.20.20.20.20.20.20.20.20.20.20.20.  | dition    |  |
| i  |  | ☐ DELETE   | 4.1 TI<br>4. 2 N  | ITLE<br>IAME  |                           | 1.00.17.00.20.20.20.20.20.20.20.20.20.20.20.20.  | dition    |  |
| STREET ADDRESS   |  | ☐ DELETE   | 4.1 Tl<br>4. 2 N<br>4.3 S   | ITLE<br>IAME<br>TREET                                   | ADDRESS                   | 1.00.17.00.20.20.20.20.20.20.20.20.20.20.20.20.  | dition    |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | _  | 4.1 Tl<br>4. 2 N<br>4.3 S<br>4.4 C  | ITLE<br>IAME<br>TREET                                   | ADDRESS                   | 1.00.17.00.20.20.20.20.20.20.20.20.20.20.20.20.  |           |  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE                                 |  | ☐ DELETE   | 4.1 TI<br>4. 2 N<br>4.3 S   | ITLE NAME TREET ITY-S                                   | ADDRESS                   | ☐ Change ☐ Ad  |           |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME                                  |  | _  | 4.1 TI<br>4. 2 N<br>4.3 S<br>4.4 C<br>5.1 TI<br>5.2 N                                       | ITLE  IAME  TREET  ITY-S'  ITLE  AME                    | ADDRESS<br>T-ZIP          | ☐ Change ☐ Ad  |           |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                   |  | _  | 4.1 TI<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 TI<br>5.2 N<br>5.3 S                               | ITLE TREET ITY-S' ITLE AME TREET                        | T ADDRESS T-ZIP T ADDRESS | ☐ Change ☐ Ad  |           |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP       |  | ☐ DELETE   | 4.1 TI<br>4.2 N<br>4.3 S<br>4.4 C<br>5.1 TI<br>5.2 N<br>5.3 S<br>5.4 C                      | ITLE TREET ITLE AME TREET TREET                         | T ADDRESS T-ZIP T ADDRESS | ☐ Change ☐ Ad  | ddition   |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE |  | _  | 4.1 TI<br>4. 2 N<br>4.3 S'<br>4.4 C<br>5.1 TI<br>5.2 N<br>5.3 S'<br>5.4 C                   | ITLE TREET ITY-S' ITLE AME TREET ITY-S'                 | T ADDRESS T-ZIP T ADDRESS | ☐ Change ☐ Ad  | ddition   |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP       |  | ☐ DELETE   | 4.1 TI<br>4.2 N<br>4.3 S'<br>4.4 C<br>5.1 TI<br>5.2 N<br>5.3 S'<br>5.4 C<br>6.1 TI<br>6.2 N | ITLE ITREET ITLE ITREET ITTLE ITTY-S' ITLE ITTY-S' ITLE | T ADDRESS T-ZIP T ADDRESS | ☐ Change ☐ Ad  | ddition   |  |

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90084 036 \*\*\*150.00