

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 28 1998 8:00am
Secretary of State

DOCUMENT # P92000010066 (8)

1. Corporation Name

AARON ALEXIS CORPORATION



Principal Place of Business

1057 NE 43RD CT
FT LAUDERDALE FL 33334
US

Mailing Address

1511 E COMMERCIAL BLVD
SUITE 133
FT LAUDERDALE FL 33334
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

65-0374172

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1865 S. Ocean Dr.

Suite, Apt. #, etc.

22 #5M

City & State

23 Hallandale, FL

Zip

24 33009

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

EICOFF, WILLIAM
1865 S OCEAN DR
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.08(2) 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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
EICOFF, WILLIAM
STREET ADDRESS
1865 S OCEAN DR #5M
CITY-ST-ZIP
HALLANDALE FL

TITLE ☐ DELETE

NAME
EICOFF, RICHARD
STREET ADDRESS
187 SUFFOLK AVE
CITY-ST-ZIP
STATEN ISLAND NY

TITLE ☐ DELETE

NAME
EICOFF, AARON P
STREET ADDRESS
246 RICE AVE
CITY-ST-ZIP
STATEN ISLAND NY 10314

TITLE ☐ DELETE

NAME
SNYDER, ALEXIS
STREET ADDRESS
1412 TOWNE HARBOR LANE
CITY-ST-ZIP
WOODSTOCK GA 30189

TITLE ☐ DELETE

NAME
ROBBINS, KATHLEEN
STREET ADDRESS
1865 S OCEAN DR #5M
CITY-ST-ZIP
HALLANDALE FL

TITLE ☐ DELETE

NAME
EICOFF, EILEEN
STREET ADDRESS
38 GILROY ST
CITY-ST-ZIP
STATEN ISLAND NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

zip = 33009

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

zip = 10314

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

000002540450

-05/29/98--01015--034

***158.75

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

zip = 33009

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

zip = 10309

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.

SIGNATURE

[Signature]

April 26th 1998

CR2E034 (10/97)