

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90252 050 \*\*\*158.75

DOCUMENT # P92066010066 ✓

1. Corporation Name

Aaron Alexis Corporation

Principal Place of Business

1865 S. Ocean Drive  
#5M

Hallandale, FL 33009

Mailing Address

1865 S. Ocean Drive  
#5M

Hallandale, FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/92

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 1865 S. Ocean Drive

Suite, Apt. #, etc.

22 5M

City & State

23 Hallandale, FL

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 1865 S. Ocean Drive

Suite, Apt. #, etc.

27 5M

City & State

28 Hallandale, FL

Zip

29 33009

Country

30 USA

9. Name and Address of Current Registered Agent

Eicoff, William  
1865 S. Ocean Drive  
#5M  
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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEO  
Eicoff, William  
1865 S. Ocean Drive #5M  
Hallandale, FL 33009

TITLE

President  
Eicoff, Richard  
187 Suffolk Ave.  
Staten Island, NY 10314

TITLE

VPO  
Eicoff, Aaron  
246 Rice Avenue  
Staten Island, NY 10314

TITLE

VP  
Eicoff, Eileen  
38 Gilroy Street  
Staten Island, NY 10309

TITLE

Treasurer  
Robbins, Kathleen  
1865 S. Ocean Drive #5M  
Hallandale, FL 33009

TITLE

Secretary  
Snyder, Alexis  
1412 TOWNE HARBOR LANE  
WOODSTOCK, GA 30189

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William S. Eicoff

Date

4/30/99

Daytime Phone #

(954)

456-7753

CR2E034 (11/98)