FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085913 (0)

1. Corporate Name
AARON INSURANCE ASSOCIATES, INC.

Principal Office Address
~~5701 N. PINE ISLAND ROAD~~
~~STE 200~~
~~TAMARAC FL 33321~~
~~US~~

Mailing Address
~~PO BOX 6804~~
~~CORAL SPRINGS FL 33075~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Office Address
21 9148 GLADES RD
Suite, Apt. #
22
City & State
23 BOCA RATON FL
City
24 33434
County
25 P.B.

2a. Mailing Address
26 9148 GLADES RD
Suite, Apt. #
27
City & State
28 BOCA RATON, FL
Zip
29 33434
County
30 PB

4. FEI Number: 65-0465516
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. Does corporation feel liability for intangible tax under F.S. 199.032, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
~~SHAPIRO, MERRYL~~
~~5701 N. PINE ISLAND ROAD~~
~~STE. 350~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent
81 Name: BERGER, BRUCE M.
82 Street Address (P.O. Box Number is Not Acceptable): 5701 N. PINE ISLAND RD
83 STE 220
84 City: TAMARAC FL
85 Zip Code: 33321

11. Pursuant to the provisions of Section 607.0505 and 607.1808, Florida Statutes, the above named corporation submits the 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 hereby agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Bruce M. Berger 5/1/95

12. OFFICERS AND DIRECTORS

D
ANGEL, EMIL P
679 N.W. 99TH TERRACE
CORAL SPRINGS FL 33071

D
~~SHAPIRO, MERRYL~~
~~7901 N.W. 62ND TERRACE~~
~~PARKLAND FL 33067~~

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

[X] Change [ ] Addition
Delete

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurately transcribed and shown, not paid, in the corporate records of the Florida Department of State. Further, I hereby certify that I am familiar with and hereby agree to comply with the provisions of all applicable laws of the State of Florida, specifically including the requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or I am a duly authorized officer or agent.

SIGNATURE: Emil P Angel 4/1/95 407-488-7599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0119000 CP