

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 04 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P94000080547 (0)**

1. Corporation Name

**THE ARONSON ADVISORY GROUP, INC.**

Principal Place of Business

**118 W. DI LIDO DRIVE  
MIAMI BEACH FL 33139**

Mailing Address

**118 W. DI LIDO DRIVE  
MIAMI BEACH FL 33139**



|  |                     |                            |                     |  |  |  |           |
|--|---------------------|----------------------------|---------------------|--|--|--|-----------|
| <b>2. Principal Place of Business</b>                                      |                     | <b>2a. Mailing Address</b> |                     | <b>3. Date Incorporated or Qualified</b><br>11/02/1994                                 |  | <b>3a. Date of Last Report</b><br>04/27/1995 |           |
| <b>21</b>  |                     | <b>26</b>                  |                     | <b>4. FEI Number</b><br>65-0530393   |  | <b>Applied For</b><br>Not Applicable         |           |
| <b>22</b>  | Suite, Apt. #, etc. | <b>27</b>                  | Suite, Apt. #, etc. | <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                       |  | <b>\$8.75 Additional Fee Required</b>        |           |
| <b>23</b>  | City & State        | <b>28</b>                  | City & State        | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>           |           |
| <b>24</b>  | Zip                 | <b>25</b>                  | Country             | <b>29</b>  | Zip  | <b>30</b>                                    | Country   |
| <b>9. Name and Address of Current Registered Agent</b>                     |                     |                            |                     | <b>10. Name and Address of New Registered Agent</b>                                    |  |  |           |
| <b>ARONSON, DANIEL H<br/>118 W. DI LIDO DRIVE<br/>MIAMI BEACH FL 33139</b> |                     |                            |                     | <b>81</b>  | Name   |  |           |
|  |                     |                            |                     | <b>82</b>  | Street Address (P.O. Box Number is Not Acceptable) |  |           |
|  |                     |                            |                     | <b>83</b>  |  |  |           |
|  |                     |                            |                     | <b>84</b>  | City   | <b>FL</b>                                    | <b>85</b> |

**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 shall be available

of the Registered Agent signature is valid when changing

DATE

| <b>12. OFFICERS AND DIRECTORS</b> |                                 | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> |   |
|-----------------------------------|---------------------------------|--|---|
| TITLE                             | <b>DPST</b>                     | <b>11</b> TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                              | <b>ARONSON, DANIEL H</b>        | <b>12</b> NAME   |   |
| STREET ADDRESS                    | <b>118 W. DI LIDO DRIVE</b>     | <b>13</b> STREET ADDRESS                                     |   |
| CITY-ST-ZIP                       | <b>MIAMI BEACH FL 33139</b>     | <b>14</b> CITY-ST-ZIP  |   |
| TITLE                             | <input type="checkbox"/> DELETE | <b>21</b> TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                              |                                 | <b>22</b> NAME   |   |
| STREET ADDRESS                    |                                 | <b>23</b> STREET ADDRESS                                     |   |
| CITY-ST-ZIP                       |                                 | <b>24</b> CITY-ST-ZIP  |   |
| TITLE                             | <input type="checkbox"/> DELETE | <b>31</b> TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                              |                                 | <b>32</b> NAME   |   |
| STREET ADDRESS                    |                                 | <b>33</b> STREET ADDRESS                                     |   |
| CITY-ST-ZIP                       |                                 | <b>34</b> CITY-ST-ZIP  |   |
| TITLE                             | <input type="checkbox"/> DELETE | <b>41</b> TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                              |                                 | <b>42</b> NAME   |   |
| STREET ADDRESS                    |                                 | <b>43</b> STREET ADDRESS                                     |   |
| CITY-ST-ZIP                       |                                 | <b>44</b> CITY-ST-ZIP  |   |
| TITLE                             | <input type="checkbox"/> DELETE | <b>51</b> TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                              |                                 | <b>52</b> NAME   |   |
| STREET ADDRESS                    |                                 | <b>53</b> STREET ADDRESS                                     |   |
| CITY-ST-ZIP                       |                                 | <b>54</b> CITY-ST-ZIP  |   |
| TITLE                             | <input type="checkbox"/> DELETE | <b>61</b> TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                              |                                 | <b>62</b> NAME   |   |
| STREET ADDRESS                    |                                 | <b>63</b> STREET ADDRESS                                     |   |
| CITY-ST-ZIP                       |                                 | <b>64</b> CITY-ST-ZIP  |   |

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel H. Aronson**

**3/28/96**

**305-768-8201**

CR2E034 (12/95)