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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000015700 (4)**

AARON ROCKMAN'S SON REALTY, INC.

Principal Place of Business Mailing Address 3725 S. OCEAN DR. 3725 S. OCEAN DR. **SUITE 1412 SUITE 1412** HOLLYWOOD FL 33019-2912 HOLLYWOOD FL 33019 3a. Date of Last Report 3. Date incorporated or Qualified 02/07/1995 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0576930 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEVY, ROBERT 1918 HARRISON STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 207** 83 HOLLYWOOD FL 33020 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signal ire Type dior printed name of migistered agen; and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D Change Addition DELETE 1.1 TITLE TITLE ROCKMAN, WAYNE 1.2 NAME NAME 3725 S. OCEAN DR., SUITE 1412 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 1.4 CITY-ST-ZIP CITY - S1 - ZIF DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-SI-7F DELETE ☐ Change Addition 3 1 TITLE TOLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3,4. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 4.1 TITLE MLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZiF DELETE 6.1 TITLE ☐ Change Addition

6.2 NAME

63 STREET ADDRESS

6.4 CITY-SY-ZIP

SIGNATURE:

appears in Block 12 or Block

TITLE

NAME

STREET ADDRESS

14. to 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 12 or Block 12 or on an attachment with an address.

FILED

Mar 05 1997 8:00am

Secretary of State

(96/6) (96/6)

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