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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000073772 (2)

**AELION & LOREN, P.A.** 

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business 152 NORTHEAST 167TH STREET 5TH FLOOR NORTH MIAMI BEACH FL 33162		Mailing Address 152 NORTHEAST 167TH STREET 5TH FLOOR NORTH MIAMI BEACH FL 33162			ID HIGH ODDAY DODING HIGH POET		
					DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified			
6 Principal Place of P	hudinana	Tarran a sustant			09/22/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			65-0612971	Not Applicable	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip <b>24</b>	Country 25	Zip 29	Countr 30	,	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOREN, JA			81			-	
152 NE 167TH STREET 5TH FLOOR			82	Street Address (P.O. Box Number is Not Acceptable)			
NORTH MI	AMI FL 33162		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.

agent. I a	m familiar with, and accept the obligations of, Section	on 607.0505, Flo	orida Statutes.	morro pour a or alreations. Thorough according appointment ac	og.c.totoo	
SIGNATURE	Signature, typed or printed name of registered agent and their if applica	No. /NO.	E Benertated Agent signature con-	ired when reinstaling) DATE		
12.	OFFICERS AND DIRECTORS		Registered Agent signature required when reinstaling)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	DELETE	1.1 TITLE	Change	Addition	
NAME	AELION, DAVID M		1.2 NAME			
STREET ADORESS	152 NORTHEAST 167TH STREET, 5TH FLO	OR	1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP			
TITLE	VD .	DELETE	2.1 TITLE	Change	Addition	
NAME	LOREN, JAMES		2.2 NAME			
STREET ADDRESS	152 NORTHEAST 187TH STREET, 5TH FLO	OR	2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33182		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 T(TLE	Change	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	Change	Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZiP			
TITLE		DELETE	5.1 TITLE	Change	Addition	
NAME .			5.2 NAME	_ ·		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	Change	Addition	
NAME :			6.2 NAME		_	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 Thorocolover or truefee ampowered 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 all actiment with an address.

SIGNATURE

4/27/98