

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

DOCUMENT # P95000097373 (1)

1. Corporation Name

AARON B. ANDERSON, P.A.



Principal Place of Business

3481 WEST HILLSBORO BLVD. STE D208
COCONUT CREEK FL 33073

Mailing Address

3481 WEST HILLSBORO BLVD. STE D208
COCONUT CREEK FL 33073

2. Principal Place of Business

21 3481 W. Hillsboro Blvd.

Suite, Apt. #, etc.

22 K 208

City & State

23 Coconut Creek FL

Zip

24 33073

Country

25 USA

2a. Mailing Address

26 3481 W. Hillsboro Blvd.

Suite, Apt. #, etc.

27 K 208

City & State

28 Coconut Creek FL

Zip

29 33073

Country

30 USA

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

N/A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ANDERSON, AARON B
3481 WEST HILLSBORO BLVD. STE D208
COCONUT CREEK FL 33073

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 D ☐ DELETE
NAME ANDERSON, AARON B
STREET ADDRESS 3481 WEST HILLSBORO BLVD. STE D208
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/S ☒ Change ☐ Addition
1.2 NAME ANDERSON, AARON B
1.3 STREET ADDRESS 3481 W. Hillsboro Blvd. STE K 208
1.4 CITY-ST-ZIP Coconut Creek, FL 33073

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Kathleen ANN ANDERSON
2.3 STREET ADDRESS 3481 W. Hillsboro Blvd. STE K 208
2.4 CITY-ST-ZIP Coconut Creek FL 33073

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: Aaron Anderson Aaron Anderson 2-20-96 954 429 8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)