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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
3481 W HILLSBORO SUTIE K208 COCONUT CREEK FL 33073 US	3481 W HILLSBORO BLVD SUITE L208 COCONUT CREEK FL 33073-2041 US

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business
21: 2271 NE 68th St.
Suite, Apt. #, etc. 22: 2028
City & State 23: Fort Lauderdale FL
Zip 24: 33308 Country 25: USA

2a. Mailing Address
26: 2271 NE 68th St.
Suite, Apt. #, etc. 27: 2028
City & State 28: Fort Lauderdale FL
Zip 29: 33308 Country 30: USA

4. FEI Number: APPLIED FOR 65-0642926 ☐ 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. 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: Aaron B. Anderson
82 Street Address (P.O. Box Number is Not Acceptable): 2271 NE 68th St. # 2028
83
84 City: Fort Lauderdale FL 85 Zip Code: 33308

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, AARON B		1.2 NAME	
STREET ADDRESS	3481W HILLSBORO BLVS SUITE K208		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP	
TITLE	V	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, KATHLLEEN ANN		2.2 NAME	
STREET ADDRESS	3481 W HILLSBORO BLVD SUYITE K208		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ 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	

CR2E034 (9/96)

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-17-97