

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

FILED  
May 19 1997 8:00am  
Secretary of State

|                                              |                                                                                   |                                                                                                                  |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Morlham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # P96000001109  
1. Corporation Name  
**AARON ASSOCIATES, INC.**

Principal Place of Business  
**6840 TOWN HARBOUR BLVD.  
STE 3414  
BOCA RATON, FL 33433**

Mailing Address  
**P.O. BOX 770217  
CORAL SPRINGS, FL  
33077**

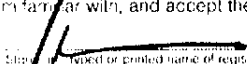
|                                |                          |                                                                                         |                                                                     |
|--------------------------------|--------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address      | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 21 1402 E. LAS OLAS BLVD.      | 26 1402 E. LAS OLAS BLVD | JANUARY 4, 1996                                                                         | N/A                                                                 |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.      | 4. FEI Number                                                                           | Applied For                                                         |
| 22 # 129                       | 27 # 129                 | 65-0632550                                                                              | Not Applicable                                                      |
| City & State                   | City & State             | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 23 FT. LAUDERDALE, FL          | 28 FT. LAUDERDALE, FL    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     | \$5.00 May Be Added to Fees                                         |
| Zip                            | Zip                      | 6. Election Campaign Financing                                                          |                                                                     |
| 24 33301                       | 29 33301                 | Trust Fund Contribution                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Country                        | Country                  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |                                                                     |
| 25 USA                         | 30 USA                   |                                                                                         |                                                                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

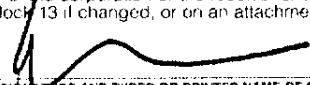
|                                                       |                        |
|-------------------------------------------------------|------------------------|
| 81 Name                                               | LAUREL L. CODELLA      |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1402 E. LAS OLAS BLVD. |
| 83 # 129                                              |                        |
| 84 City                                               | FT. LAUDERDALE FL      |
| 85 Zip Code                                           | 33301                  |

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  **LAUREL L. Codella** **4.9.97**  
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                            |
|----------------------------|---------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE                      | VICE-PRESIDENT (V) <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | (P); (V); (T); (S) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | AARON R. MALTZMAN                                             | 1.2 NAME                                              | LAUREL L. CODELLA                                                                                          |
| STREET ADDRESS             | 6840 TOWN HARBOUR BLVD STE 3414                               | 1.3 STREET ADDRESS                                    | 1402 E. LAS OLAS BLVD # 129                                                                                |
| CITY-ST-ZIP                | BOCA RATON, FL 33433                                          | 1.4 CITY-ST-ZIP                                       | FT. LAUDERDALE, FL 33301                                                                                   |
| TITLE                      | TREASURER (T) <input checked="" type="checkbox"/> DELETE      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| NAME                       | AARON R. MALTZMAN                                             | 2.2 NAME                                              |                                                                                                            |
| STREET ADDRESS             | 6840 TOWN HARBOUR BLVD STE 3414                               | 2.3 STREET ADDRESS                                    |                                                                                                            |
| CITY-ST-ZIP                | BOCA RATON, FL 33433                                          | 2.4 CITY-ST-ZIP                                       |                                                                                                            |
| TITLE                      | <input type="checkbox"/> DELETE                               | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| NAME                       |                                                               | 3.2 NAME                                              |                                                                                                            |
| STREET ADDRESS             |                                                               | 3.3 STREET ADDRESS                                    |                                                                                                            |
| CITY-ST-ZIP                |                                                               | 3.4 CITY-ST-ZIP                                       |                                                                                                            |
| TITLE                      | <input type="checkbox"/> DELETE                               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| NAME                       |                                                               | 4.2 NAME                                              |                                                                                                            |
| STREET ADDRESS             |                                                               | 4.3 STREET ADDRESS                                    |                                                                                                            |
| CITY-ST-ZIP                |                                                               | 4.4 CITY-ST-ZIP                                       |                                                                                                            |
| TITLE                      | <input type="checkbox"/> DELETE                               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| NAME                       |                                                               | 5.2 NAME                                              | 600002197866                                                                                               |
| STREET ADDRESS             |                                                               | 5.3 STREET ADDRESS                                    | -06/02/97--01079--017                                                                                      |
| CITY-ST-ZIP                |                                                               | 5.4 CITY-ST-ZIP                                       | ***173.75                                                                                                  |
| TITLE                      | <input type="checkbox"/> DELETE                               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| NAME                       |                                                               | 6.2 NAME                                              |                                                                                                            |
| STREET ADDRESS             |                                                               | 6.3 STREET ADDRESS                                    |                                                                                                            |
| CITY-ST-ZIP                |                                                               | 6.4 CITY-ST-ZIP                                       |                                                                                                            |

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:  **LAUREL L. Codella** **4.9.97** **954.519-8499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)