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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022496 (8)

FREDRIC ARON PA

## FILED Feb 05 1998 8:00am Secretary of State

| 1112011                                     | io falon fr  |                                      |                    |                  |                     |  |           |
|---|--|--------------------------------------|--------------------|------------------|---------------------|--|-----------|
| Principal Place of Business Mailing Address |  |                                      |                    |                  |                     | - 1 1901 IOOT IID 1895 (901) EULIT OANS KOTIT ASITO IIDIO SIBIT OSHRE TOTTO ESTE 5903  |           |
| 11244 S.W. 5                                | 6TH PLACE'.  | 11244 S.W. 56TH PLACE                | <del>-</del>       |                  |                     |  |           |
| COOPER CIT                                  |  | COOPER CITY FL 33330                 |                    |                  |                     |  |           |
|   | <u>.</u>   |                                      |                    |                  |                     | DO NOT WRITE IN THIS SPACE   | _         |
| ļ   | :  |                                      |                    |                  |                     | 3. Date Incorporated or Qualified 03/12/1997   | 1         |
| a Principal P                               | lace of Business                                   | 2a. Mailing Address                  |                    |                  |                     | 4. FEI Number Applied For  | 4         |
|   | laction positiess                                  | 26 Address                           |                    |                  |                     | 6 7 0 73 9 8 7/ Not Applied For  | $\exists$ |
| 21<br>Suite, Apt.                           | # etc  | Suite, Apt. #, etc.                  |                    |                  |                     | - Satisfactor (School Satisfactor)   | 4         |
| 22  |  | 27                                   |                    |                  |                     | 5. Certificate of Status Desired Fee Required  | -         |
| City & Stat                                 | e  | City & State                         |                    |                  |                     |  | ┥         |
| 23  |  | 28                                   |                    |                  |                     | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution   | 1         |
| Zip   | Country  | Zip Country                          |                    |                  |                     | 8. This corporation owes or has paid the current year Intangible   | ┪         |
| 24 25 29                                    |  |                                      |                    |                  |                     | Personal Property Tax due June 30.  Yes No   |           |
|   | g. Name and Address of Curren                      |                                      | .                  |                  |                     | 10. Name and Address of New Registered Agent   | ↿         |
| AR  | ON, ADRIENNE                                       |                                      |                    | 81               | Name                |  | 7         |
| 241 NO. UNIVERSITY DRIVE                    |  |                                      |                    | 82 Street Add    |                     | No. (2.0. Boy Number to Net Acceptable)  | 4         |
| ;   | MBROKE PINES FL 33024                              |                                      |                    | 02               | Street Addre        | ess (P.O. Box Number is Not Acceptable)  | 1         |
|   |  |                                      | İ                  | 83               |                     |  | ٦         |
| <b>,</b>                                    |  |                                      | }                  |                  |                     |  | 4         |
| ļ   |  |                                      |                    | 84               | City                | FL 85 Zip Code   |           |
| 11. Pursuant                                | to the provisions of Sections 607,050              | 2 and 607.1508, Florida Statute      | s, the at          | oove-            | named corpo         | pration submits this statement for the purpose of changing its registered  | Η.        |
| office or r                                 | egistered agent, or both, in the State             | of Florida, Such change was a        | uthorized          | by t             | the corporation     | pration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered | 1         |
|   | in lanna with and accept the cong                  | ations of, Section 607.0003, 110     | nua otal           | utes.            |                     |  | Í         |
| SIGNATURE                                   | Signature, typed or printed name of registered agr | ent and title if applicable (NOTE    | Registered         | i Agent          | t signature require | d when reinstating) DATE   | ٠,        |
| 12.   | OFFICERS AN  | D DIRECTORS                          | 13.                |                  |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |           |
| TITLE                                       | D  | DELETE                               | t.1 TITLE          |                  |                     | Change Addition  | ]:        |
| NAME  | aron, frederic                                     |                                      | 1.2 NAME           |                  |                     |  | l:        |
| STREET ADDRESS                              | 11244 S.W. 56TH PLACE                              |                                      | 1.3 STREE          |                  | DDRESS              |  |           |
| CITY-ST-ZIP                                 | COOPER CITY FL 33330                               |                                      | 1.4 CITY-          |                  | - ZIP               |  | _  1      |
| TITLE                                       |  | DELETE                               | 2.1 TITLE          |                  |                     | Change Addition  | ۱ I'      |
| NAME  |  |                                      | 2.2 NAME           |                  | Ì                   |  |           |
| STREET ADDRESS                              |  |                                      | 2.3 STREE          |                  | DORESS              |  | 1         |
| CITY-ST-ZIP                                 |  |                                      | 2. 4 CITY -        |                  | - ZIP               |  | ╛         |
| TITLE                                       |  | ☐ DELETE                             | 3.1 TITLE          |                  |                     | ☐ Change ☐ Addition  | 7         |
| NAME  |  |                                      | 3.2 NAME           |                  |                     |  |           |
| STREET ADDRESS                              | TREET ADDRESS                                      |                                      | 3.3 STREET ADDRESS |                  | DDRESS              |  |           |
| CITY-ST-ZIP                                 |  |                                      | 3.4. CITY - 9      |                  | -ZIP                |  |           |
| TITLE                                       |  | DELETE                               | 4.1 TITLE          |                  |                     | Change Addition  |           |
| NAME  |  |                                      | 4.2 N/             | AME              |                     |  |           |
| STREET AODRESS                              |  |                                      | 4.3 STREET         |                  | DORESS              | •  | 1         |
| CITY-ST-ZIP                                 |  |                                      | 4.4 CITY-5         |                  | ZIP                 | 7.5  |           |
| TITLE                                       |  | DELETE                               | 51 TITLE           |                  |                     | Change Addition  | ļ         |
| NAME  |  |                                      | 5.2 NAME           |                  | Ĭ                   |  |           |
| STREET ADDRESS                              | DRESS 5.35   |                                      | 5.3 STI            | REET AI          | DDRESS              |  |           |
| CITY-ST-ZIP                                 |  |                                      | 5.4 CITY - S       |                  | ZIP                 | <u> </u>   | J         |
| TITLE                                       |  | DELETE                               | 6.1 TITLE          |                  |                     | ☐ Change ☐ Addition  | 7         |
| NAME  |  |                                      | 6 2 NA             | ME               | 1                   |  | 1         |
| STREET ADDRESS                              | reet address                                       |                                      | 63 ST              | 3 STREET ADDRESS |                     |  |           |
| CITY-ST-ZIP                                 |  |                                      | 6,4 CIT            | Y-\$T-           | ZIP                 |  |           |
| 14   hereby c                               | ertity that the information supplied w             | ith this filing does not qualify for | the exe            | mptic            | on stated in S      | Section 119.07(3)(i), Florida Statutes. I further certify that the information   | 7         |

4. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(3))). Florida statutes. Turtifer 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:

IGHTTTREAMSOURED

pa

974-434-3289