

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

FILED  
Jul 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000036730 (4)

1. Corporation Name

M.A. AITCHESON AND ASSOCIATES INC.



Principal Place of Business

Mailing Address

4699 NORTH STATE ROAD #7  
TAMARAC FL 33319

4699 NORTH STATE ROAD #7  
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0745224

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 MA Aitcheson & Assoc.  
Suite, Apt #, etc.  
22 4141 NW 5th Street  
City & State  
23 Plantation, Florida

24 33317  
Country  
25 USA

2a. Mailing Address

26 MA Aitcheson & Assoc.  
Suite, Apt #, etc.  
27 4141 NW 5th Street  
City & State  
28 Plantation, Florida

29 33317  
Country  
30 USA

9. Name and Address of Current Registered Agent

AITCHESON, MICHAEL A  
4699 NORTH STATE ROAD #7  
TAMARAC FL 33319

10. Name and Address of New Registered Agent

82 ~~MA Aitcheson & Associates Inc.~~  
Street Address (P.O. Box Number is Not Acceptable)  
83 4141 NW 5th Street  
Suite 104  
84 City Plantation  
85 Zip Code FL 33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 type of printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	AITCHESON, MICHAEL A	1259 SUSSEX DRIVE	N. LAUDERDALE FL 33068	<input type="checkbox"/>
VPD	AITCHESON, DONAHUE A	1259 SUSSEX DRIVE	N. LAUDERDALE FL 33068	<input type="checkbox"/>
D	FENTON-AITCHESON, TANYA A	1013 S. 24TH AVENUE	HOLLYWOOD FL 33023	<input type="checkbox"/>
D	AITCHESON, SHANNA P	1013 S. 24TH AVENUE	HOLLYWOOD FL 33023	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I 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.

CR2E034 (10/97)