## 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 # P97000053717 (9)

ALBERT L. ARON, P.A.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Principal Place of Business 6803 PORTSIDE DRIVE **BOCA RATON FL 33496** 

## **FILED** Apr 08 1998 8:00am Secretary of State

	Mailing Address					
6803 PORTSIDE DRIVE BOCA RATON FL 33496		DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualified 06/16/1997				
	2a, Mailing Address	4. FEI Number	Applied For			
	26	65-0803422	Not Applicable			
	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	City & State	& Election Campaign Financing	\$5.00 Mario			

6. Election Campaign Financing

Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ARON, ALBERT L Name 6803 PORTSIDE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 84 City 85 Zip Code

SIGNATURE	Signature, typod or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when re-		nen reinstating)	ating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change	Additio
IAME	ARON, ALBERT L		1.2 NAME			
TREET ADORESS	6803 PORTSIDE DRIVE		1.3 STREET ADDRESS			
ITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP			
TLE		DELETE	2.1 TITLE		☐ Change	Additio
AME			2.2 NAME		•	
TREET ADDRESS			2.3 STREET ADDRESS			
ITY-ST-ZIP			2. 4 CITY - ST - ZIP			
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FREET ADORESS			4.3 STREET ADDRESS			
TY-ST-ZIP			4.4 CITY-ST-ZIP			
TLE		DELETE	5.1 TITLE		☐ Change	Additio
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Treet address			5.3 STREET ADDRESS			
ITY-ST-ZIP			5.4 CITY - ST - ZIP			
ITLE		DELETE	6.1 TITLE		☐ Change	Additio
,			E			
IAME			6.2 NAME			

64 CITY-ST-ZIP

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

ALBERT L. ARON

\$5.00 May Be