

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90019 001 \*4,500.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000084661**

1. Corporation Name

**ARISTON MARKETING & RESEARCH CORP.**

Principal Place of Business

**1897 PALM BEACH LAKES BOULEVARD**  
**SUITE 226**  
**WEST PALM BEACH FL 33409**

Mailing Address

**P.O. BOX 31965**  
**PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/02/1998**

4. FEI Number

**65-0866559**

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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21**  
**Suite, Apt. #, etc.**

City &amp; State

Zip

Country

2a. Mailing Address

**1897 PALM BEACH LAKES BLVD.**
**26**  
**Suite, Apt. #, etc.**
**WEST PALM BEACH, FL**

Zip

**33409**

Country

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name WARNER & ASSOCIATES, CPA, PA****82 Street Address (P.O. Box Number is Not Acceptable)****1897 PALM BEACH LAKES BLVD.****83 SUITE 226****84 City****WEST PALM BEACH****FL****85 Zip Code****33409**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE**NAME KEVIN SMITH****STREET ADDRESS 1897 PALM BEACH LAKES BLVD.****CITY-ST-ZIP WEST PALM BEACH, FL 33409**TITLE ☐ DELETE**NAME****STREET ADDRESS****CITY-ST-ZIP**TITLE ☐ DELETE**NAME****STREET ADDRESS****CITY-ST-ZIP**TITLE ☐ DELETE**NAME****STREET ADDRESS****CITY-ST-ZIP**TITLE ☐ DELETE**NAME****STREET ADDRESS****CITY-ST-ZIP**TITLE ☐ DELETE**NAME****STREET ADDRESS****CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)