PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🗼 🥕 Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PORODORAGE1

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

05-19-1999 90019 001 *4,500.00

1. Corporation Name ARISTON MARKETING & RESEARCH CORP.						
Principal Place	o of Rusiness	Mailing Address		((CONTINUEDE VEG EGERE POPIE BRITE DOLIN BRANT DONOR FOLIN	årling årkin listen icon som:	를;
		P.O. BOX 31965		\	•	
1897 PALM BEACH LAKES BOULEVARD P.O. BOX 31965 Suite 226 Palm Beach Gardens Fl 3			33410			
WEST PALM BEACH FL 33409			DO NOT WRITE IN THIS SPA	ACE	≣	
				3. Date Incorporated or Qualifed		≣
	_			10/02/1998	7 1 2 2 2 2 2 2	≡
2. Principal P	lace of Business	2a. Mailing Address 1897 PALM BEA	ACH TAKES BI.	4, FEI Number VD • 65-0866559	Applied For	■.
21		[26]			8.75 Additional	= ::
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required	
22		27			\$5.00 May Be	
City & State	ie	WEST PALM BE	ACH, FL	6. Election Campaign Financing Trust Fund Contribution	Added to Fees	8
23	Country	28 Zin	Country	8. This corporation owes the current year Intang		Ē
Zip	(^{Zip} 33409			Yes No	5
24	9. Name and Address of Current		<u></u>	10. Name and Address of New Registered Age	int	
	8. Isalite Bird Addison C. Contone		81 Name sa	ARNER & ASSOCIATES, CPA, PA		
AME	ERILAWYER			dress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE		1 1	897 PALM BEACH LAKES BLVD.			
CORAL GABLES FL 33134		83	UITE 226	•	₫:	
			<u> </u>		35 Zip Code	
1			84 City	FL FL	33409	룓:
11. Pursuant	to the provisions of Settlone (1) 1(15)2	and 607 1508 Florida Statutes	, the above-named co	FCT PAIM BEACH TPOTATION SUBMITS this Statement for the purpose of cha tition's board of directors. I hereby accept the appointm	inging its registered	
office or r	registered agent, or both in the state of	of Florida, Buch Change was aut iods of Section 607,050s, filodic	horized by the corpora ta Statutes.	tion's board of directors. I hereby accept the appointing	ent as registores	
SAGAR LE	TAXXA					
SIGNATURE	Signature, typed or printed name of Spatiered agent		legistered Agent signature requ	bad when reinstahred) DATE		
	Different hand or brauen transfer observe - Serv	and title if applicable. (NOTE: R	SARRIES VON STATION INCO			<u>@</u> ≣
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	(1/98)
12. TILE			13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12 Change Addition	4 (11/98)
	OFFICERS AND	DIRECTORS	13. 1.1 TILE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12 Change Addition	034 (11/98)
TTLE	D KEVIN SMITH	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12 Change Addition	82E034 (11/98)
TITLE NAME	D KEVIN SMITH 1897 PALM BEACH LAK	D DIRECTORS DELETE ES BLVD.	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND C		CR2E034 (11/98)
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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 simpowered 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. CITY-ST-ZIP

SIGNATURE: _

BIGHATURE AND TYPED OR PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR