

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

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S69538** (4)

1. Corporation Name

**AARON MODEL AND TALENT AGENCY, INC.**

Principal Place of Business

**2803 E COMMERCIAL BLVD  
SUITE 202  
FT. LAUDERDALE FL 33308**

Mailing Address

**2803 E COMMERCIAL BLVD  
SUITE 202  
FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/30/1991**

4. FEI Number  
**65-0277716**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**O'DONNELL, ROBIN I  
708 BREAKERS AVE.  
STE. #3  
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name **STUART R. WEIN V.P.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2803 E COMMERCIAL BLVD #202**  
83 **FT LAUDERDALE**  
84 City **FL** 85 Zip Code **33308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

**2/20/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P WEIN, STUART R**  
STREET ADDRESS **2803 E. COMMERCIAL BLVD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **VP HOCHMAN, PAUL**  
STREET ADDRESS **2803 E. COMMERCIAL BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **ST WEIN, SIMI**  
STREET ADDRESS **2803 E COMMERCIAL BLVD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

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 **PRESIDENT** Change ☒ Addition  
1.2 NAME **SHIRLEY WEIN**  
1.3 STREET ADDRESS **2803 E COMMERCIAL BLVD SU. 202**  
1.4 CITY-ST-ZIP **FL LAUDERDALE FLORIDA 33308**

2.1 TITLE **VICE PRESIDENT** Change ☒ Addition  
2.2 NAME **STUART R. WEIN**  
2.3 STREET ADDRESS **2803 E COMMERCIAL BLVD SU. 202**  
2.4 CITY-ST-ZIP **FT LAUD FL 33308**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information submitted 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.

SIGNATURE:

**2-20-97 (954) 772-8944**

CR2E034 (10/97)