

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90023 010 ***158.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **J55452**

1. Corporation Name
A & A FIRE & SAFETY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**12565 N.E. 46TH STREET
 SILVER SPRINGS FL 32688**

Mailing Address
**107 NE 1ST AV.
 Ocala FL 34470
 US**

3. Date Incorporated or Qualified
02/05/1987

4. FEI Number
59-2788126 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.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**BERK, CHARLES E.
 225 N.E. EIGHTH AVENUE
 Ocala FL 32670**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	COOK, MISSY	
STREET ADDRESS	6354 SE THIRD PL	
CITY-ST-ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LISA BALLARD	
STREET ADDRESS	188 NE 120TH AVE.	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PAOLUCCI, LORI LEMILY	
STREET ADDRESS	14575 N.E. 21ST STREET	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEMILY, ARTHUR J.	
STREET ADDRESS	RT 6 BOX 386 N/A	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAOLUCCI, LORI LEMILY
3.3 STREET ADDRESS	1864 NE 125TH TERR RD
3.4 CITY-ST-ZIP	SILVER SPRINGS, FL 34488
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MISSY COOK MISSY COOK
 Date: 3/9/99 Daytime Phone #: 352-625-7000

CR2E034 (11/98)