

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**MAY 10 AM 10:35**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Kathleen B. Methman  
Secretary of State  
Tallahassee, Florida 32399-0400

DOCUMENT # **K30675** (8)

**AA PROPERTY SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8344 BLUE CYPRESS DRIVE LAKE WORTH FL 33467**  
Mailing Address: **8344 BLUE CYPRESS DRIVE LAKE WORTH FL 33467**

3. Date incorporated or Qualified <b>08/05/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
4. IT# Number <b>65-0068408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under S. 199.042, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business City, State, Zip	26. Mailing Address City, State, Zip
22. City, State, Zip	27. City, State, Zip
24. City, State, Zip	29. City, State, Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**TUREY, GEORGE  
8344 BLUE CYPRESS DR.  
LAKE WORTH FL 33467**

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 607.0407 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in compliance with the Statute 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 607.0405, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME <b>PD TUREY, GEORGE 8344 BLUE CYPRESS DR. LAKE WORTH FL</b>	2. TITLE <b>PD</b>	3. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. NAME <b>VP TUREY, JASON 8344 BLUE CYPRESS DR LAKE WORTH FL</b>	5. TITLE <b>VP</b>	6. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. NAME <b>SD LUTZY, RODGER 800 NW 72 TERR SUNRISE FL</b>	8. TITLE <b>SD</b>	9. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME <b>T ROTH, DALE 95 CYPRESS AVE WEST PALM BCH FL</b>	11. TITLE <b>T</b>	12. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. NAME	14. TITLE	15. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. NAME	17. TITLE	18. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. NAME	20. TITLE	21. DATE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and it was not supplied for the reasons stated in Section 199.042(1), Florida Statutes. I further certify that the information included in this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if it were written by the person or persons in charge of the corporation or the registered agent or authorized representative of the corporation. I hereby accept the appointment as registered agent as required by Chapter 607, Florida Statutes, and that my name appears in Block 9 or Block 10 of this report or on an attachment with an address.

SIGNATURE: *George Turey*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**George TUREY**

**5/5/95**  
**407**  
**641-2471**