

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K30675 (8)**  
 1. Corporation Name  
**AA PROPERTY SERVICES, INC.**



Principal Place of Business: **8344 BLUE CYPRESS DRIVE LAKE WORTH FL 33467**  
 Mailing Address: **8344 BLUE CYPRESS DRIVE LAKE WORTH FL 33467-6239**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		26 State, Apt. #, etc.		08/05/1988	03/08/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0068408	<input checked="" type="checkbox"/> Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TUREY, GEORGE</b> <b>8344 BLUE CYPRESS DR.</b> <b>LAKE WORTH FL 33467</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *George Turey* **George Turey Pres.** DATE: **3-4-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUREY, GEORGE	1.2 NAME	
STREET ADDRESS	8344 BLUE CYPRESS DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH FL	1.4 CITY- ST- ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUREY, JASON	2.2 NAME	
STREET ADDRESS	8344 BLUE CYPRESS DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH FL	2.4 CITY- ST- ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTZY, RODGER	3.2 NAME	
STREET ADDRESS	800 NW 72 TERR	3.3 STREET ADDRESS	
CITY- ST- ZIP	SUNRISE FL	3.4 CITY- ST- ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, DALE	4.2 NAME	
STREET ADDRESS	95 CYPRESS AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BCH FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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

SIGNATURE: *George Turey* **George Turey** DATE: **3-12-97** 561-2471  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (9/96)