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002E

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90018 025 \*\*\*\*62.50



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N96000005770

1. Corporation Name  
 AAA BUSINESS PARK OF NEW SMYRNA BEACH OWNER'S ASSOC

Principal Place of Business: 720 MAGNOLIA AVE. NEW SMYRNA BEACH FL 32168

Mailing Address: 720 MAGNOLIA ST. NEW SMYRNA BEACH FL 32168 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

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

3. Date Incorporated or Qualified: 11/08/96

4. FEI Number: 59-3416669 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 [X] No

9. Name and Address of Current Registered Agent

WILEY, DAVID  
 720 MAGNOLIA ST  
 NEW SMYRNA BEACH FL 32168

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE: PTD [ ] DELETE  
 NAME: WILEY, DAVID  
 STREET ADDRESS: 720 MAGNOLIA ST  
 CITY-ST-ZIP: NEW SMYRNA BEACH 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:

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

11 TITLE [ ] Change [ ] Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP [ ] Change [ ] Addition

21 TITLE [ ] Change [ ] Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP [ ] Change [ ] Addition

31 TITLE [ ] Change [ ] Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP [ ] Change [ ] Addition

41 TITLE [ ] Change [ ] Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP [ ] Change [ ] Addition

51 TITLE [ ] Change [ ] Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP [ ] Change [ ] Addition

61 TITLE [ ] Change [ ] Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY-ST-ZIP [ ] Change [ ] Addition

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: David J Wiley 04/30/99 904/428-8000

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