

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90104 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000082223

1. Corporation Name
AAA PORT-O-JOHN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~6823 VISTA PARKWAY NORTH~~ ~~6823 VISTA PARKWAY NORTH~~
~~WEST PALM BEACH FL 33411~~ ~~WEST PALM BEACH FL 33411~~

3. Date Incorporated or Qualified
09/21/1998

4. FEI Number **65-0871729** 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 2a. Mailing Address
 21 **6342 Forest Hill Blvd** 26 **6342 Forest Hill Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **# 239** 27 **# 239**
 City & State City & State
 23 **West Palm Beach, FL** 28 **West Palm Beach, FL**
 Zip Country Zip Country
 24 **33415-6104** 29 **33415-6104** 30 **USA**

9. Name and Address of Current Registered Agent

HALPERIN, ELEANOR B
1400 CENTREPARK BLVD., STE. 1000
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **Cheryl Y. Perry**
 82 Street Address (P.O. Box Number is Not Acceptable)
6823 Vista Parkway North
 83
 84 City **West Palm Beach FL** 85 Zip Code **33411**

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 *Cheryl Perry* **Cheryl Y. Perry** **1/13/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEINE, CHRIS	1.2 NAME	
STREET ADDRESS	6823 VISTA PARKWAY NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUBURN, KENNETH	2.2 NAME	Tucker, Kenneth Auburn
STREET ADDRESS	6823 VISTA PARKWAY NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Chris A Heine* **Chris A Heine** **1/13/99** **561-684-7500**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)