


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

FILED

May 23 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 # 269993 (2)			
1. Corporation Name AA SALES, INC.			
Principal Place of Business 4529 EAST 10TH LANE HIALEAH FL 33013		Mailing Address 4529 EAST 10TH LANE HIALEAH FL 33013-2109	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
3. Date Incorporated or Qualified 05/16/1963			
3a. Date of Last Report 04/03/1996			
4. FEI Number 59-1006548		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WILLIAMS, DOUGLAS G. 5381 S.W. 186TH AVENUE FT. LAUDERDALE FL 33332		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code FL	
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: <i>Douglas G. Williams</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: WILLIAMS, DONGLAS G STREET ADDRESS: 5318 186TH AVE CITY-ST-ZIP: FT LAUDERDALE FL		1.1 TITLE: PD 1.2 NAME: Williams, Douglas G. 1.3 STREET ADDRESS: 5381 S.W. 186 Ave. 1.4 CITY-ST-ZIP: Ft. Lauderdale, FL 33332	
TITLE: D NAME: WILLIAMS, JOY BETH STREET ADDRESS: 1241 HOLLYWOOD BLVD CITY-ST-ZIP: HOLLYWOOD FL		2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD NAME: WILLIAMS, BARBARA B. STREET ADDRESS: 1241 HOLLYWOOD BLVD CITY-ST-ZIP: HOLLYWOOD FL		3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: WILLIAMS, WILLIAM G STREET ADDRESS: 1241 HOLLYWOOD BLVD CITY-ST-ZIP: HOLLYWOOD FL		4.1 TITLE: T D 4.2 NAME: Williams, William G. 4.3 STREET ADDRESS: 1241 Hollywood Blvd. 4.4 CITY-ST-ZIP: Hollywood, FL	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.1 TITLE: SD 5.2 NAME: Williams, Catherine H. 5.3 STREET ADDRESS: 5381 S.W. 186 Ave. 5.4 CITY-ST-ZIP: Ft. Landi, FL 33332	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Douglas G. Williams</i> 5-6-97 (305) 681-3502 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

CR2E034 (9/96)