SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

1-2

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 320082 (1)

1. Corporation Name
AAA EMPLOYMENT, INC.

Principal Place of Business	Mailing Address
4908-C CREEKSIDE DRIVE CLEARWATER FL 34620	4908-C CREEKSIDE DRIVE CLEARWATER FL 34620

3. Date Incorporated or Qualified: 08/17/1967
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business	2a. Mailing Address
21 4914-A CREEKSIDE DRIVE	26 4914A CREEKSIDE DRIVE
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: CLEARWATER FL	28 City & State: CLEARWATER FL
24 Zip: 34620 25 Country: USA	29 Zip: 34620 30 Country: USA

4. FEI Number: 59-1278599 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GEORGE, DAVID M
4908 C CREEKSIDE DRIVE
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4914A CREEKSIDE DRIVE
83
84 City: CLEARWATER FL 85 Zip Code: 34620

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	O	☒ Change ☐ Addition
NAME	QUETSCHENBACH, CAROL		12 NAME	MROCZKOWSKI, MARIAN	
STREET ADDRESS	2307 S RIDGEWOOD		13 STREET ADDRESS	10085 186TH AVE SW	
CITY-ST-ZIP	SOUTH DAYTONA FL 32021		14 CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	DS	☐ DELETE	21 TITLE	DS	☒ Change ☐ Addition
NAME	MROCZKOWSKI, MARIAN		22 NAME	FUTCH, ANNE	
STREET ADDRESS	11572 64TH TERR NORTH		23 STREET ADDRESS	4001 NEWBERRY RD #D4	
CITY-ST-ZIP	SEMINOLE FL		24 CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	D	☐ DELETE	31 TITLE	DP	☒ Change ☐ Addition
NAME	FUTCH, ANNE		32 NAME	George, David M.	
STREET ADDRESS	4001 NWEBERRY RD., #B4		33 STREET ADDRESS	4914A CREEKSIDE DRIVE	
CITY-ST-ZIP	GAINESVILLE FL		34 CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	DP	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	GEORGE, DAVID M		42 NAME	KING, LOUISA	
STREET ADDRESS	4908C CREEKSIDE DRIVE		43 STREET ADDRESS	5833 US HWY 19	
CITY-ST-ZIP	CLEARWATER FL 34620		44 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	☒ DELETE	51 TITLE	O	☐ Change ☒ Addition
NAME	DAVIS, CAROL		52 NAME	KOIVULA, LES	
STREET ADDRESS	3299 S. U.S. 1		53 STREET ADDRESS	145 N. CHURCH ST. #202 BTC 27	
CITY-ST-ZIP	FT PIERCE FL		54 CITY-ST-ZIP	SPARTANBURG, SC 29301	
TITLE	DT	☐ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME	KING, LOUISA		62 NAME	HATTON, GWEN	
STREET ADDRESS	5833 US HWY 19		63 STREET ADDRESS	1775 LELIA DRIVE #B	
CITY-ST-ZIP	NEW PORT RICHEY FL		64 CITY-ST-ZIP	JACKSON, MS 39216	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan J. Herman — 6-10-96 — 813-573-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SUSAN J. HERMAN

(B)

ADDITION

D

AHEARN, MICHELE

5500 EXECUTIVE CT. DR. #217

CHARLOTTE, NC 28212

ADDITION

T

OERMAN, SUSAN

4914A CREEKSIDE DRIVE

CLEARWATER FL 34620

ADDITION

D

DAVIS, AGNES

301 S. THOMAS ST. #209

TUPELO, MS 38803