


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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 4914 A CREEKSIDE DRIVE CLEARWATER FL 34620 US			Mailing Address 4914 A CREEKSIDE DRIVE CLEARWATER FL 34620 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33760 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33760 Country		3. Date Incorporated or Qualified 08/17/1967 4. FEI Number 59-1278599 Applied For Not Applicable 5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GEORGE, DAVID M 4914 A 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) 83 84 City FL 85 Zip Code 33760		
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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MROCFKOWSKI, MARIAN				
STREET ADDRESS	10085 186TH AVE SW				
CITY-ST-ZIP	DUNNELLON FL				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	FUTCH, ANNE				
STREET ADDRESS	4001 NEWBERRY RD D4				
CITY-ST-ZIP	GAINESVILLE FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	GEORGE, DAVID				
STREET ADDRESS	4914 CREEKSIDE DRIVE				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	KOMULA, LES				
STREET ADDRESS	5800 US HWY 79				
CITY-ST-ZIP	NEW PORT RICHEY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HATTON, GWEN				
STREET ADDRESS	1775 LELIA DRIVE #B				
CITY-ST-ZIP	JACKSON MS				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	KING, LOUISA				
STREET ADDRESS	5833 US HWY 19				
CITY-ST-ZIP	NEW PORT RICHEY FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Carol Quetschenbach				
1.3 STREET ADDRESS	4655 Secret River Trail				
1.4 CITY-ST-ZIP	Port Orange, FL 32119				
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	michele Ahearn				
2.3 STREET ADDRESS	5900 Executive Ct. Dr. #217				
2.4 CITY-ST-ZIP	Charlotte, NC 28212				
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Susan Derman				
3.3 STREET ADDRESS	4914A Creekside Drive				
3.4 CITY-ST-ZIP	Clearwater FL 33760				
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	LES KOMULA				
4.3 STREET ADDRESS	145 N. Church St. #202 Btc 27				
4.4 CITY-ST-ZIP	Spartanburg, SC 29201				
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	Agnes Daris				
5.3 STREET ADDRESS	201 S. Thomas St. #209				
5.4 CITY-ST-ZIP	Tupelo, MS 38823				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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.

SIGNATURE: _____

3-16-98 813-573-0202

CFR2E034 (10/97)