FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 26, 1996 08:00 AM
Secretary of State

DOCUMENT # **487974** **(8)**

1. Corporation Name

A & A MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
8008 S ORANGE AVE (32809) PO BOX ~~13009~~ — 593003 ORLANDO FL ~~32809~~ 32853-3003	8008 S ORANGE AVE (32809) PO BOX ~~13009~~ — 593003 ORLANDO FL ~~32809~~ — 32853-3003

3. Date Incorporated or Qualified: **10/20/1975**
3a. Date of Last Report: **04/03/1995**

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

4. FEI Number: **59-1624721** ☐ 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

WISSA, ANWAR
8008 S ORANGE AVE
ORLANDO FL 32809

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	LETO, THOMAS J		1.2 NAME		
STREET ADDRESS	1903 CANYONWOOD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	VARICO FL		1.4 CITY-ST-ZIP	33594	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FULEIHAN, NADIM F		2.2 NAME		
STREET ADDRESS	8008 S ORANGE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 0		2.4 CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	RYAN, JOSEPH		3.2 NAME		
STREET ADDRESS	8008 S ORANGE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	32809	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	WISSA, ANWAR E.Z.		4.2 NAME		
STREET ADDRESS	400 E COLONIAL DR 1707		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	32803	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, LAWRENCE		5.2 NAME		
STREET ADDRESS	13432 HARTELE RD		5.3 STREET ADDRESS	13432 HARTLE RD	
CITY-ST-ZIP	CLAREMONT FL		5.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	WELLS, MAXWELL W JR		6.2 NAME		
STREET ADDRESS	340 N ORANGE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	32801	

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOSEPH F. RYAN Joseph F. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #