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Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90025 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 487974

1. Corporation Name

A & A MANAGEMENT SERVICES, INC.

Principal Place of Business

8008 S ORANGE AVE (32809)  
P.O. BOX 593003  
ORLANDO FL 32859-3003  
US

Mailing Address

8008 S ORANGE AVE (32809)  
PO BOX 593003  
ORLANDO FL 32859-3003  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1975

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LETO, THOMAS J  
STREET ADDRESS 1903 CANYONWOOD CT  
CITY-ST-ZIP VARICO FL

☐ DELETE

TITLE S  
NAME FULEIHAN, NADIM F  
STREET ADDRESS 8008 S ORANGE AVE  
CITY-ST-ZIP ORLANDO, FL 0

☐ DELETE

TITLE AS  
NAME RYAN, JOSEPH  
STREET ADDRESS 8008 S ORANGE AVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME WISSA, ANWAR E.Z.  
STREET ADDRESS 400 E COLONIAL DR 1707  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME SMITH, LAWRENCE  
STREET ADDRESS 13432 HARTLE RD  
CITY-ST-ZIP CLERMONT FL

☐ DELETE

TITLE D  
NAME WELLS, MAXWELL W JR  
STREET ADDRESS 105 E ROBINSON ST STE 201  
CITY-ST-ZIP ORLANDO FL 32801

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 407-855-3860

CR2E034 (11/98)