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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F15060

1. Corporation Name
AIA AUTHORIZED VACUUM + SEWING CTR INC
5924 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

[redacted]

Principal Place of Business
5924 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

Mailing Address
5924

3. Date Incorporated or Qualified: 1-5-81
3a. Date of Last Report: 05/01/1996

21 Principal Place of Business
26 Mailing Address

4. FEI Number: 59-2054246
Auxiliary Fyr: Not Applicable

22 Suite #or # etc
27 Suite #or # etc

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City & State
28 City & State

6. [illegible] ☐ $5.00 May Be Added to Fees

24 Zip
25 Country
29 Zip
30 Country

8. This corporation has elected to be classified for tax under s. 1990 032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCOTT SERANIO
116 ISLAND SHORE DR
WEST PALM BEACH, FL 33413

10. Name and Address of New Registered Agent
91 Name
92 Street address (P.O. Box Number is Not Acceptable)
93
94 City
FL
95 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 resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES ☐ DELETE
NAME	SCOTT SERANIO
STREET ADDRESS	116 ISLAND SHORE DR
CITY-ST-ZIP	WEST PALM BEACH FL 33413
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

5/8/97

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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 and effect as if I am an officer or director of the corporation or a 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 of this report or an attachment with an address.

SIGNATURE: ✕
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

TOTAL P.01