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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000001412 (6)

1. Corporation Name
AAAA FORWARDING, INC.



Principal Place of Business
8380 ULMERTON ROAD, #304
LARGO FL 34641

Mailing Address
8380 ULMERTON ROAD, #304
LARGO FL 33771-5326

3. Date Incorporated or Qualified
03/23/1993

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 8300 Ulmerton Rd
Suite, Apt. #, etc.

22 Suite #112
City & State

23 LARGO, FL
Zip

24 33771
Country

25 USA

2a. Mailing Address

26 8300 Ulmerton Rd
Suite, Apt. #, etc.

27 Suite #112
City & State

28 LARGO, FL
Zip

29 33771
Country

30 USA

4. FEI Number
38-2737638

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

CUMMINGS, DEAN C
8380 ULMERTON ROAD #304
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8300 Ulmerton Rd

83 Suite #112

84 City Largo

FL 85 Zip Code

33771

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-97

12. OFFICERS AND DIRECTORS

TITLE CP
NAME CUMMINGS, DEAN C
STREET ADDRESS 8380 ULMERTON ROAD #304
CITY-ST-ZIP LARGO FL 34641

☐ DELETE

TITLE S
NAME WINTON, KECIA A
STREET ADDRESS 1737 SHERWOOD ST
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-96

813-535-4458

CR2E034 (9/96)