

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

DOCUMENT # **F94000003867 (8)**

1. Corporation Name

**AYA ASSOCIATES, INC.**



Principal Place of Business

**331 N. MAITLAND AVE.  
SUITE D #8  
MAITLAND FL 32751  
US**

Mailing Address

**331 N. MAITLAND AVE.  
SUITE D #8  
MAITLAND FL 32751  
US**

3. Date Incorporated or Qualified

**07/25/1994**

3a. Date of Last Report

**04/28/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number

**22-2219103**

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

**AYA, EDGAR H**

**4706 E. SEMORAN BLVD., STE 112 - 528 Wekiva Landing Dr.  
APOPKA FL 32703 APOPKA, FL 32712**

10. Name and Address of New Registered Agent

**81** Name

**AYA, EDGAR H.**

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

**528 Wekiva Landing Dr.**

**83**

**84** City

**APOPKA**

**FL**

**85** Zip Code

**32712**

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director

Signature, typed or printed name of registered agent or director

**4/8/96**

12. OFFICERS AND DIRECTORS

☐ DELETE

**PCD  
AYA, EDGAR  
528 WEKIVA LANDING DRIVE  
APOPKA FL**

☐ DELETE

**ST  
AYA, HORTENSIA  
528 WEKIVA LANDING DR :  
APOPKA 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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1** 1 TITLE

**12** NAME

**13** STREET ADDRESS

**14** CITY-ST-ZIP

**→ APOPKA FL 32712**

**2** 1 TITLE

**22** NAME

**23** STREET ADDRESS

**24** CITY-ST-ZIP

**→ APOPKA FL 32712**

**3** 1 TITLE

**32** NAME

**33** STREET ADDRESS

**34** CITY-ST-ZIP

☐ Change ☐ Addition

**4** 1 TITLE

**42** NAME

**43** STREET ADDRESS

**44** CITY-ST-ZIP

☐ Change ☐ Addition

**5** 1 TITLE

**52** NAME

**53** STREET ADDRESS

**54** CITY-ST-ZIP

☐ Change ☐ Addition

**6** 1 TITLE

**62** NAME

**63** STREET ADDRESS

**64** CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

**Edgar H. Aya pres. 4/8/96 (407) 539-1800**

CR2E034 (12/95)