


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002511 (0)

1. Corporation Name

AAA FINANCIAL SERVICES CORPORATION

Principal Place of Business

1000 AAA DRIVE
HEATHROW FL 32746-5063

Mailing Address

1000 AAA DRIVE
HEATHROW FL 32746-5063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-0849660	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	TERRY W. BAKER DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARBELNET, ROBERT L	1.2 NAME	TERRY W. BAKER
STREET ADDRESS	1593 ROCKDATE LOOP	1.3 STREET ADDRESS	2602 N.W. ROANOKE STREET
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	PORTLAND, OR 97210-3361
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINNER, RICHARD D	2.2 NAME	
STREET ADDRESS	358 NORTH DOVER COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, JOHN G	3.2 NAME	
STREET ADDRESS	925 WINGFIELD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDOVA, ROBERT J	4.2 NAME	
STREET ADDRESS	7367 DEL CIELO WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KENNETH A	5.2 NAME	
STREET ADDRESS	14980 CHATEAU VILLAGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, PETER R	6.2 NAME	
STREET ADDRESS	20305 VIA TARRAGONA	6.3 STREET ADDRESS	
CITY-ST-ZIP	YORBA LINDA CA	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.

SIGNATURE:

John G. Schaffer JOHN G. SCHAFER

1-15-98

CR2E034 (10/97)