SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SIGNATURE:

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # G94020 (6)A.A.R. COMPANY Principal Place of Business Mailing Address 333 FAULKENBURG RD. 333 FAULKENBURG RD. SUITE C301 SUITE C301 DO NOT WRITE IN THIS SPACE TAMPA FL 33619 **TAMPA FL 33619** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1984 05/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2389124 21 26 Not Applicable Suite Apl. # etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30 Yes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ANTHONY, GERALD F. 905 STRAWBERRY LN. Street Address (P.O. Box Number is Not Acceptable) 82 **BRANDON FL 33511** 83 84 City 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, typod or ponted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ANTHONY, GERALD F. NAME 1.2 NAME 905 STRAWBERRY LANE STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33511 CITY - ST - ZIP 1.4 CITY-ST-ZiP DELETE Change Addition TITLE 21 TITLE anthôny, david G NAME 2.2 NAME 905 STRAWBERRY LN. STREET ADDRESS 2.3 STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TOTALE anthony, Eunice R. NAME 32 NAME 905 STRAWBERRY LANE STREET ADDRESS 3.3 STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TETLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ■ Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY - ST - ZIP 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 purporation or the receiver or tructed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 than an an an antress.

SIGNATURE:

FILED