

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

FILED

Jan 22 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 # H64969

(9)

1. Corporation Name

AAA INTRODUCTIONS OF BAY AREA, INC.



Principal Place of Business

8601 4TH STREET NORTH  
SUITE 104  
ST. PETERSBURG FL 33702

Mailing Address

720 E. FLETCHER AVENUE, STE. 100  
TAMPA FL 33612-2603  
US

3. Date Incorporated or Qualified

07/03/1985

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 3118 GOLF TO BAY

26

Suite, Apt. #, etc.

22 # 117

27

City & State

City & State

23 CLEARWATER

28

Zip

Country

Zip

Country

24 34619

25

FLORIDA

29

Zip

Country

30

9. Name and Address of Current Registered Agent

BUTERBAUGH, KENT R  
8601 4TH STREET NORTH  
SUITE 104  
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name KENT R. BUTERBAUGH  
82 Street Address (P.O. Box Number is Not Acceptable)  
3118 GOLF TO BAY # 117  
83  
84 City CLEARWATER FL 85 Zip Code 34619

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]*

KENT R. BUTERBAUGH PRES 1-10-97

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BUTERBAUGH, KENT R	
STREET ADDRESS	8601 4TH ST N SUITE 104	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BUTERBAUGH, BILLIE J	
STREET ADDRESS	8601 4TH ST N SUITE 104	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUTERBAUGH, KENT R.	
1.3 STREET ADDRESS	720 E. FLETCHER # 100	
1.4 CITY - ST - ZIP	TAMPA FL. 33612	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUTERBAUGH BILLIE J.	
2.3 STREET ADDRESS	720 EAST FLETCHER # 100	
2.4 CITY - ST - ZIP	TAMPA FL. 33612	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* KENT R. BUTERBAUGH PRES 1-10-97 813-975-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)