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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:20

DOCUMENT # **L13660** **(0)**

1. Corporation Name
A.A.A. TELEPHONE REPAIR SERVICE, INC.

Principal Place of Business	Mailing Address
2548 NORTH STATE RD 7 SHERIDAN OAKS PLAZA HOLLYWOOD FL 33021 US	2548 NORTH STATE RD 7 SHERIDAN OAKS PLAZA HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21: 4707 S.W. 45 STREET
22: Suite, Apt. #, etc.
23: Ft. LAUDERDALE FLA.
24: Zip 33314
25: Country USA

2a. Mailing Address
26: 4707 S.W. 45 STREET
27: Suite, Apt. #, etc.
28: Ft. LAUDERDALE FLA.
29: Zip 33314
30: Country USA

4. FEI Number: 65-0141889 ☐ 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

WILLIAM ORTMAN
101 NORTH OCEAN DR APT 415
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: X William Ortman William Ortman President 5/24/95
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	PRS	11 TITLE	☐ Change ☐ Addition
NAME	ORTMAN, WILLIAM	12 NAME	
STREET ADDRESS	211 SOUTH FEDERAL HIGHWAY	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL 33020	14 CITY ST ZIP	
TITLE		21 TITLE	Sec-Treasurer ☐ Change ☒ Addition
NAME		22 NAME	O'neil Ronald
STREET ADDRESS		23 STREET ADDRESS	15384 NATURES POINT LANE
CITY ST ZIP		24 CITY ST ZIP	PALM BEACH POINT, FLA. 33414
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: X William Ortman William Ortman Pres 5/24/95 305-797-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004001 CP