

**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 # P92000000987 (7)

1. Corporation Name  
**ABERDEEN SERVICES, INC.**



Principal Place of Business: 4965 LE CHALET BLVD. BOYNTON BEACH FL 33436  
Mailing Address: 4812 SOUTH MILL AVENUE TEMPE AZ 8582 US

3. Date Incorporated or Qualified: 10/29/1992  
3a. Date of Last Report: 06/06/1995  
4. FEI Number: 65-0364356  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**CT 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent or director (required) (Print Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAARER, GARY D	
STREET ADDRESS	4812 S. MILL AVE.	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMERSLEY, WILLIAM	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, CHARLES M	
STREET ADDRESS	4965 LE CHALET BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SEAY, LARRY W	
STREET ADDRESS	4812 S. MILL AVE.	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	VCAS	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, KEVIN S	
STREET ADDRESS	4820 S. MILL AVE.	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	LAZARD, JACQUES C	
STREET ADDRESS	4812 S. MILL AVE.	
CITY-ST-ZIP	TEMPE AZ 85282	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Upton, Mark R.	
13 STREET ADDRESS	4820 S. Mill Avenue	
14 CITY-ST-ZIP	Tempe, AZ 85282	
21 TITLE	EV/CFO/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lazard, Jacques C.	
23 STREET ADDRESS	4812 S. Mill Avenue	
24 CITY-ST-ZIP	Tempe, AZ 85282	
31 TITLE	S/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Self, Gina M.	
33 STREET ADDRESS	4812 S. Mill Avenue	
34 CITY-ST-ZIP	Tempe, AZ 85282	
41 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Haarer, Gary D.	
43 STREET ADDRESS	4812 S. Mill Avenue	
44 CITY-ST-ZIP	Tempe, AZ 85282	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	900001796519	
54 CITY-ST-ZIP	-04/26/96--01077--020	
61 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 change is shown on an attachment with an address

SIGNATURE: Gary D. Haarer DATE: 4/24/96 DAY: 602 NUMBER: 820-4488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

24.26