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**May 19 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 # 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 85282-6730
US**

3. Date Incorporated or Qualified 10/29/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0364356	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
	6710 N. Scottsdale Road Scottsdale, AZ 85253-4424 US

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UPTON, MARK R.	
STREET ADDRESS	4820 S. MILL AVE.	
CITY - ST - ZIP	TEMPE AZ 85282	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	LAZARD, JACQUES C.	
STREET ADDRESS	4820 S. MILL AVE.	
CITY - ST - ZIP	TEMPE AZ 85282	
TITLE	S/AT	<input checked="" type="checkbox"/> DELETE
NAME	SELF, GINA M.	
STREET ADDRESS	4820 S. MILL AVE.	
CITY - ST - ZIP	TEMPE AZ 85282	
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	HAARER, GARY D.	
STREET ADDRESS	4820 S. MILL AVE.	
CITY - ST - ZIP	TEMPE AZ 85282	
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	D/SEV/CFO/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gonzales, Kenda B.	
1.3 STREET ADDRESS	6710 N. Scottsdale Road	
1.4 CITY - ST - ZIP	Scottsdale, AZ 85253-4424	
2.1 TITLE	D/P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Grogan, James J.	
2.3 STREET ADDRESS	6710 N. Scottsdale Road	
2.4 CITY - ST - ZIP	Scottsdale, AZ 85253-4424	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wieger, Garth R.	
3.3 STREET ADDRESS	6710 N. Scottsdale Road	
3.4 CITY - ST - ZIP	Scottsdale, AZ 85253-4424	
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: *Kenda B. Gonzales* **Kenda B. Gonzales** April 30, 1997 (602) 627-3000

CR2E034 (9/96)