

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000005844 (4)

1. Corporation Name

AAA ULTIMATE CONTROLS, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:17

Principal Place of Business

842 BETHANY COURT
FT. MYERS FL 33919

Mailing Address

842 BETHANY COURT
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/21/1993

3a. Date of Last Report
10/20/1994

4. FEI Number
65-0386876

Applied For
Not Applicable

5. Certificate of Status Desired

MP \$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

NP \$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

21 842 Bethany Ct.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Myers, FL

City & State

28 FL

Zip

24 33919

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ELKES, DARYL M
842 BETHANY COURT
FT. MYERS FL 33919

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

Daryl M. Elkes

Daryl M. Elkes

6-4-95

(NOTE: Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELKES, DARYL M
STREET ADDRESS	842 BETHANY COURT
CITY - ST - ZIP	FT. MYERS FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Daryl M. Elkes

6-4-95

813-482-4120

(NOTE: Signature required when registering)

DATE

Signature Printed Name