

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 # P93000005844 (4)

1. Corporation Name
AAA ULTIMATE CONTROLS, CORP.



Principal Place of Business

842 BETHANY CT
FT MYERS FL 33919
US

Mailing Address

842 BETHANY COURT
FT. MYERS FL 33919

3. Date Incorporated or Qualified
01/21/1993

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

4. FEI Number
65-0386876

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032.
Florida Statutes ☐ Yes ☐ No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Daryl Elkes*
Signature of officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

(If 211) Registered Agent signature required when registering

DATE: 1-18-96

12. OFFICERS AND DIRECTORS

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NAME	DELETE
D ELKES, DARYL M 842 BETHANY COURT FT. MYERS FL 33919	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-STATE-ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-STATE-ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-STATE-ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-STATE-ZIP	<input type="checkbox"/>
NAME	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>
CITY-STATE-ZIP	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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1.1 TITLE	Change	Addition
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Daryl Elkes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 941-482-4120
Date Daytime Phone #

CR2E034 (12/95)