FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION

ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000037776 (0) **DOCUMENT #**

AA & E	ENTERPRISES, INC.			1 100/1884 (10 47/80 (10)) 00/1/ 08/10 06/11 88/16	iji 480H 100H 180H 01H 180H
		· · · · · · · · · · · · · · · · · · ·	-		
Principal Place of Business		Mailing Address			
3731 SW 47TH AVE #401		3731 SW 47TH AVE #401			
DAVIE FL 33314		DAVIE FL 33314		DO NOT WRITE IN THIS	SPACE
us	•	US		3. Date Incorporated or Qualified	
				05/25/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0419380	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	·		Fee Required
23	,	28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered	
PO	ROELLO, ANTHONY G		81 Name		· ·
373	B1 SW 47TH AVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
#401			Sireer Addi	ress (F.O. BOX Number is 140(Acceptable)	
DA	VIE FL 33314		83		
			84 City		85 Zip Code
				FL	- `
SIGNATURE	Signature, vice of printed hance of registered age	MPKGS G of and filled applicable (NOTE	: Registered Agent signature requir		114/98
12.	OFFICERS AND	The state of the s	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PORCELLO, ANTHONY G	☐ DELETE	1.1 TITLE		Change Addition
NAME	\$731 SW 47TH AV		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	DAVIE FL		1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	OL DAKER, ALFRED E V		2.2 NAME		
STREET ADDRESS	3731 SW 47TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	-		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I DECEASE	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADODESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Change 1 Roullon
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information
indicated of officer or o	on this annual report or supplemental	annual report is true and accu iver or trustee empowered to e	irale and that my signatur	re shall have the same legal effect as if made ur pired by Chapter 607, Florida Statutes; and that	nder oath: that I am an

FILED

Apr 27 1998 8:00am

Secretary of State