

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000040305 (3)**

1. Corporation Name

AAA EMPLOYMENT OF ALTAMONTE SPRINGS, INC.



Principal Place of Business

Mailing Address

919 W. HIGHWAY 436
SUITE 330
ALTAMONTE SPRINGS FL 32714

919 W. HIGHWAY 436
SUITE 330
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCCABE, PATRICIA A
102 WINDING RIDGE DRIVE
SANFORD FL 32773

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Patricia A. McCabe

2-9-96

Signature of the person submitting this statement must be signed and dated. (Signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPS
OLIVER, EVELYN L
3020 CHELSEA STREET
ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
Change Addition
NONE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PT
MCCABE, PATRICIA A
102 WINDING RIDGE DR.
SANFORD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Change Addition

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:

Patricia A. McCabe Patricia A. McCabe 2-9-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 869-1171

CR2E034 (12/95)