

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000040305

1. Corporation Name  
AAA EMPLOYMENT OF ALTAMONTE SPRINGS, INC.



Principal Place of Business 919 W. HIGHWAY 436 SUITE 330 ALTAMONTE SPRINGS FL 32714	Mailing Address 919 W. HIGHWAY 436 SUITE 330 ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 995 STATE ROAD Suite, Apt. #, etc. 434 22 Suite 2711 City & State North 23 ALTAMONTE SPRINGS Zip 32714 24 Country SEMINOLE	2a. Mailing Address 26 995 STATE ROAD Suite, Apt. #, etc. 434 27 Suite 2711 City & State SAME 28 ALTAMONTE SPRINGS Zip 32714 29 Country SEMINOLE
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3. Date Incorporated or Qualified 05/27/1993	Applied For Not Applicable
4. FEI Number 59-3183945	
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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
KLAUCK, PATRICIA A  
102 WINDING RIDGE DRIVE  
SANFORD FL 32773

81 Name EVELYN LOUISE OLIVER	82 Street Address (P.O. Box Number is Not Acceptable) 3020 Chelsea Street	83	84 City Orlando	85 Zip Code FL 32803
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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 Evelyn Louise Oliver Evelyn Louise Oliver 4-9-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPS
NAME	OLIVER, EVELYN L
STREET ADDRESS	3020 CHELSEA STREET
CITY-STATE-ZIP	ORLANDO FL
TITLE	PT
NAME	MCCABE, PATRICIA A
STREET ADDRESS	102 WINDING RIDGE DR.
CITY-STATE-ZIP	SANFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLAUCK, PATRICIA A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	361 South HART ROAD	
2.4 CITY-STATE-ZIP	Geneva, FL 32732	
3.1 TITLE		
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with a power like empowered.

SIGNATURE: Evelyn Louise Oliver 4-9-99 407-669-7176  
Signature and typed or printed name of signing officer or director Date Daytime Phone #