

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # P93000041459 (7)

1. Corporation Name
AAA GUTTER, INC.



Principal Place of Business

433 WALKER STREET
2-A
HOLLY HILL FL 32117
US

Mailing Address

346 PUTNAM AVENUE
ORMOND BEACH FL 32174-5220
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

01/29/1996

4. FEI Number

59-3188999

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PIACENZA, MICHAEL R
1204 CHARTER OAKS CIR
HOLLY HILL FL 32117

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

Signature type and printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PIACENZA, MICHAEL R.
STREET ADDRESS 346 PUTNAM AVE
CITY-ST-ZIP ORMOND BEACH FL
[] DELETE

TITLE S
NAME JOHNSON, JUDY
STREET ADDRESS 346 PUTNAM AVENUE
CITY-ST-ZIP ORMOND BEACH FL
[] DELETE

TITLE T
NAME JOHNSON, JUDY
STREET ADDRESS 346 PUTNAM AVENUE
CITY-ST-ZIP ORMOND BEACH FL
[] DELETE

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME JUDY A PIACENZA, JUDY
1.3 STREET ADDRESS 346 PUTNAM AVE
1.4 CITY-ST-ZIP ORMOND BEACH, FL
[] Change [] Addition

2.1 TITLE T
2.2 NAME PIACENZA, JUDY
2.3 STREET ADDRESS 346 PUTNAM AVE
2.4 CITY-ST-ZIP ORMOND BEACH, FL
[] Change [] Addition

3.1 TITLE VP
3.2 NAME PIACENZA JUDY
3.3 STREET ADDRESS 346 PUTNAM AVE
3.4 CITY-ST-ZIP ORMOND BEACH, FL
[] Change [] Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-97 904-252-0686

CR2E034 (9/96)