PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044172

1. Corporation Name

AAA REALTY OF FLORIDA COMMERCIAL REAL ESTATE PRO

	Pr	incipal Place of Busines	SS.	Mailing Addres		
	132	132 S. ATLANTIC AVE DAYTONA BCH. FL 32118		132 S. ATLANTI DAYTONA BCH.	C AVE	
			,			
	21	Suite, Apt. #, etc. 22 City & State		2a. Mailing Ad	dress	
	22			Suite, Apt.	#, etc.	_======================================
_	23			City & Sta	e	
		Zip	Country	Zip	Country	
	24		25	rent Registered Agen	30	

May 03, 1999 8:00 am Secretary of State

05-03-1999 90118 032 ***150.00

|--|--|--|--|

2. Principal Place of Business	132 S. ATLANTI DAYTONA BCH.		132 S. ATLANTIC AVE DAYTONA BCH. FL 32118		DO NOT WRITE IN THIS SPACE				
2. Principal Piace of Business 2. Mailing Address 5. Point							3. Date Incorporated or Qualifed 06/16/1993		
Surie, Apil, R, etc. 27	2. Principal P	lace of Business	2a. Mailing Address					Α	applied For
Suits, Apt. R, etc. Suits, Apt. R, etc. Suits, Apt. R, etc. South Apt. R, etc. Sout	21		26				59-3189357	_ N	lot Applicable
City & State		#, etc.					_	\$8.75	Additional
City & State City & State			27			_===	5. Certificate of Status Desired	Fee F	Required
Zip Country Zip Country Zip Country Zip Country Zip	City & State	8	City & State						
25 29 30 Personal Property Tax. Yes No No No No No No No N		Country		Count	~				
8. Name and Address of Current Registered Agent ELBADRAMANY, FADEL 132 S. ATLANTIC AVE DAYTONA BCH. FL 32118 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of Section 507,0505, Florida Statutes. 85 SIGNATURE SIGNATURE 9 CAPITAL STATES AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. P. P. C. P.			<u> </u>	_	,		•		□No
ELBADRAMANY, FADEL 132 S. ATLANTIC AVE DAYTONA BCH. FL 32118 82 Street Address (P.O. Box Number is Not Acceptable) 83 Barrier Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL	24			1			<u> </u>	red Agent	
132 S. ATLANTIC AVE DAYTONA BCH. FL 32118 85 STEET ADDRESS CITYST.2P TITLE NAME STREET ADDRESS CITYST.2P TITLE DELETE STREET ADDRESS CITYST.2P STREET ADDRESS CITYST.2P TITLE DELETE STREET ADDRESS STREET AD		5. Name and Address of Odifor	it registered rigorit	8	1 Na	ime			
132 S. ATLANTIC AVE DAYTONA BCH. FL 32118 85 STEET ADDRESS CITYST.2P TITLE NAME STREET ADDRESS CITYST.2P TITLE DELETE STREET ADDRESS CITYST.2P STREET ADDRESS CITYST.2P TITLE DELETE STREET ADDRESS STREET AD	FIR4	ADRAMANY FADEI							
Bal City FL Bal Zip Code	132	S. ATLANTIC AVE		8:	2 Sti	! Street Address (P.O. Box Number is Not Acceptable)			
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 with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TILE P. OFFICERS AND DIRECTORS 11. TILE DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE PROPERTY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS TO THE PROPERTY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE PROPERTY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE PROPERTY ADDITIONS/CHANGES TO OFFICERS TO OFFICERS TO THE PROPERTY ADDITIONS/CHANGES TO OFFICERS TO THE PR	DAY	TONA BCH. FL 32118		8	3				
office or registered agent, or both, in the State of Honda. Such change was authorized by the propriations board of orrectors. Interest accept the appointment as registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of orrectors. Interest agent and accept the obligations of, Section 607/5005, Florids Statutes. 12.				8	4 Cit	ty		FL 85 Zip	Code
Signature, hyped or printed name of ringiplounds agent and tilled if applicables (INTEL P S S S S S S S S	office or t	egistered agent, or both, in the State	of Florida. Such change was aut	horized b	v the c	med corpor corporation	ration submits this statement for the purpos i's board of directors. I hereby accept the a	e of changing it ppointment as i	ts registered registered
12.	SIGNATURE	Clearly broad or printed page of maintained age	on and title if applicable (NOTE: F	Registered An	ent skona	ature required y	when reinstating) DAT	E	
TITLE	12				,			S AND DIRECT	ORS IN 12
NAME STREET ADDRESS 132 S. ATLANTIC AVE 13 STREET ADDRESS 14 CITY-ST-ZIP									
132 S. ATLANTIC AVE		•							
CITY-ST-ZP						2500			
TITLE						1233			ſ
NAME		UAYTUNA BEACH FL	□ DELETE					☐ Change	Addition
STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP Addition			_ belefic	1					
CITY-ST-ZIP	NAME	-							
TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE A.1 TITLE Change Addition NAME A.2 NAME STREET ADDRESS A.3 STREET ADDRESS CITY-ST-ZIP A.4 CITY-ST-ZIP TITLE DELETE A.1 TITLE Change Addition NAME A.2 NAME STREET ADDRESS A.4 CITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME S.3 STREET ADDRESS STREET ADDRESS S.3 STREET ADDRESS CITY-ST-ZIP S.4 CITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME S.3 STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE Change Addition NAME S.3 STREET ADDRESS CITY-ST-ZIP DELETE S.1 TITLE Change Addition NAME S.4 CITY-ST-ZIP TITLE DELETE S.1 TITLE Change Addition NAME STREET ADDRESS STREET ADD	STREET ADDRESS	~,						,	
NAME	CITY-ST-ZIP							Change	Addition
STREET ADDRESS	TITLE		☐ DELETE					Change	, Magazin
STREET ADDRESS STRE	NAME	1		3.2 NAME	Ξ				ì
DELETE	STREET ADDRESS			3.3 STRE	ET ADD	RESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP 5.1 TITLE S2 NAME S4 CITY-ST-ZIP S4 CITY-ST-ZIP TITLE S4 CITY-ST-ZIP S5 STREET ADDRESS CITY-ST-ZIP S6 CITY-ST-ZIP S6 CITY-ST-ZIP S7 CITY-ST-ZIP S7 CITY-ST-ZIP S8	CITY-ST-ZIP			-					
### ADDRESS ##	TITLE		☐ DELETE	4.1 TITLE				∐ Change	∃ ∐ Addition
Addition	NAME			4. 2 NAM	Ę				Į
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			4.3 STRE	ET ADD	RESS			
NAME	CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE				Change	e ☐ Addition
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition	NAME			5.2 NAME	E				
CITY-ST-ZIP	STREET ADDRESS	1		5.3 STRE	ET ADOF	RESS			
TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 STREET ADDRESS	-			5.4 CITY-	ST-ZIP				
NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 STREET ADDRESS			☐ DELETE	6.1 TITLE				☐ Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS 6.4 STREET ADDRESS	j			6.2 NAME	Ē				ļ
CACTOV CT 710		,		6.3 STRE	ET ADD	RESS			
				6.4 CITY	ST-ZIP				

14. I 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.