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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000051884 (3)

1. Corporation Name

A & A OF TAMPA, INCORPORATED



Principal Place of Business

15802 WOODPOST PL
TAMPA FL 33624
US

Mailing Address

805 W. HILLSBOROUGH AVENUE
TAMPA FL 33603-1307

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

21 5364 Ehrlich Rd

2a. Mailing Address

26 5364 Ehrlich Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 165

27 165

City & State

City & State

23 TAMPA FL

28 TAMPA FLA

Zip

Country

Zip

Country

24 33625 USA

29 33625 USA

9. Name and Address of Current Registered Agent

MEDEL, LOUIS J.
15902 WOODPOST PL
TAMPA FL 33624

17613 Lake Key Dr.

Odessa, FL 33556

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME ALITE, JOHN
STREET ADDRESS 210 ROUTE 73
CITY-ST-ZIP VOORHEES NJ

TITLE P ☐ DELETE

NAME MEDEL, LOUIS J. III
STREET ADDRESS 15902 WOODPOST PL
CITY-ST-ZIP TAMPA FL

17613 Lake Key Dr.

Odessa FL 33556

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS J. MEDEL III

Date

1/28/97

Daytime Phone #

813-920-3993

CR2E034 (9/96)