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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9300054773 (5)

1. Corporation Name

AISA CORPORATION

NION O	on onthon							
Principal Place of Business Mailing Address 4340 48TH AVE S ST PETERSBURG FL 33711 ST PETERSBURG FL 33711								
					3. Date incorporated or Qualified 08/05/1993	3a. Date of 04/2	Last Rep <b>5/1995</b>	
2. Principal Pla	ce of Business	2a, Mailing Address 26			4, FEI Number 65-0437645	Applied For Not Applicable		
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		88.75 A	Additional equired
City & State		City & State	,		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	o Fees
Zip <b>24</b>	Country 25	Z <sub>I</sub> p <b>29</b>	Gountr 30	у 	This corporation has liability for i     Florida Statutes	□ No		99.032,
	g. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New R	eðirreien vö	<u> </u>	
	, robert t Th ave s		8:		ess (P.O. Box Number is Not Acceptab	le)		
	RSBURG FL 33711		8:	3				
			8-	4 City		FL	85 Zip (	Code
or registers	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was authorize	ed by the cor	named corpor rporation's boa	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of chang pintment as req	ng its reg jistered a	gistered office gent. I am
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title 4 applicable. (NO	TE: Begistered Ag	gent signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TOLE	d Morris, robert t	☐ DELETE	1 1 11/11			U	Change	☐ Addition
NAME	4340 48TH AVE S		1.2 NAM					
STREET ADDRESS	ST PETERSBURG FL 33711	1	1.4 CITY	ET ADORESS				
CITY-ST-ZIP TITLE		DELETE	2 1 1111				Change	Addition
NAME		_	2 2 NAM					
STREET ADDRESS			2 3 STRE	ET ADDRÉSS				
CITY-ST-ZIP			2 4 CITY	-ST-ZIP	:	·		
TITLE		☐ DELETE	3 1 TITL	E			Change	☐ Addition
NAME			32 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	3.4 CITY 4. 1 TITL	-ST-ZIP		<u> </u>	Change	Addition
NAME			4.2 NAM					
STREET ADDRESS			4.3 STRE	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		DELETE	5 1 TiTL	.F			Change	Addition
NAME			5.2 NAM	1E				
STREET ADDRESS			53 STRE	EET ADDRESS				
CITY-S1-ZIF		D Dr. Ett.		(-ST-ZIP			Change	Addition Addition
TITLE		☐ DELETE	6 1 TITU			L	∿.ιαι <b>ů</b> c	- Addition
NAME			6.2 NAM					
STREET ADDRESS				EET ADDRESS ( (-ST-ZIP				
certify tha oath: that	it the information indicated on this a I am an officer or director of the co	nnual report or supplemental and rporation or the receiver or truste	nished and de nual report is se empowere	oes not qualify	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	e same l <del>e</del> dal er	ectasiii	made under
appears in	n Block 12 or Block 13 if changed,	or on an attachment with an add	ress.	rt T. Mo	/ .	(813)		
JIGITA	SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGNING OFFIC	ER OR DIRECTO	)R	Date	Dayt	rie Prione it	