FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000060122 (7)**

1. Corporation Name
AAA RESTORATION SPECIALIST, INC.

Principal Place of Business	Mailing Address
1919 W 19TH ST BLD #6 BLDG 6 FT LAUDERDALE FL	1919 W 19TH ST BLDG 6 FT LAUDERDALE FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 1919 HWY 19ST
22 Suite, Apt. #, etc.: BLD #6
23 City & State: FORT LAUDERDALE, FL
24 Zip: 33311
25 Country: BROWARD

2a. Mailing Address
26: 1919 HWY 19ST BLD #6
27 Suite, Apt. #, etc.:
28 City & State: FT LAUD, FL
29 Zip: 33311
30 Country: BROWARD

4. FEI Number: 65-0434053 ☐ 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

HAIRE, BENAJMIN H
5100 W COPANS RD
SUITE 1000
MARGATE FL 33063

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	HEATH, JAMES H	12 NAME	JAMES H HEATH	
STREET ADDRESS	9866 NOB HILL LN	13 STREET ADDRESS	2231 N.E 56 PL	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	FT LAUD, FL 33308	
TITLE		21 TITLE	TREASURER SEC	☐ Change ☑ Addition
NAME		22 NAME	ROBERT CASLER	
STREET ADDRESS		23 STREET ADDRESS	2660 RIVER PARK CIR APT 933	
CITY-ST-ZIP		24 CITY-ST-ZIP	ORLANDO, FL 32792	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 this report.

SIGNATURE: James H Heath PRES 4-18-95 305-525-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040721 IN