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May 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 # P93000060122 (7)

1. Corporation Name  
AAA RESTORATION SPECIALIST, INC.



Principal Place of Business  
1919 N.W. 19TH ST.  
BLDG. 8  
FORT LAUDERDALE FL 33311  
US

Mailing Address  
1919 N.W. 19TH STREET  
BLDG. 8  
FT LAUDERDALE FL 33311-3538  
US

3. Date Incorporated or Qualified 08/26/1993  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 7121 Gardner St.  
Suite Apt. #, etc.

22 1  
City & State Winter Park FL

23 Zip 32792 Country Orange

2a. Mailing Address

26 7121 Gardner St.  
Suite Apt. #, etc.

27 1  
City & State Winter Park FL

28 Zip 32792 Country Orange

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, BENJAMIN H  
5100 W COPANS RD  
SUITE 1000  
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name Mary Casler  
82 Street Address (P.O. Box Number Is Not Acceptable)  
114 Leon Court  
83  
84 City Fern Park FL 85 Zip Code 32730

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 reappointing)

DATE 4-29-97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME HEATH, JAMES H  
STREET ADDRESS 2231 N.E. 56 PLACE  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ST  
NAME CASLER, ROBERT  
STREET ADDRESS 2860 RIVER PARK CIRCLE, APT. 833  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE P  
2.2 NAME Robert A. Casler  
2.3 STREET ADDRESS 114 Leon Crt.  
2.4 CITY-ST-ZIP Fern Park FL 32730

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: Robert A. Casler Robert A. Casler 4-29-97 (407) 657 2998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)