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 28 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068018 (9)

1. Corporate Name
A-1-A FLEA MART, INC.

Principal Place of Business
765 PINETREE DR.
INDIAN HARBOUR BEACH FL 32937

Mailing Address
~~765 PINETREE DR.~~
~~INDIAN HARBOUR BEACH FL 32937~~
1465 AIA #101
SAT. BEACH, FL. 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 06/20/1994

2. Principal Place of Business
21 1465 S. PATRICK DR. #148
22 INDIAN HARBOR BEACH
23 FLORIDA
24 32937 25 BREVARD

2a. Mailing Address
26 AIA FLEA MART INC.
27 1465 AIA #101
28 SATELLITE BEACH FL.
29 32937 30 BREVARD

4. FEI Number: 59-3201521 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LEVITT, DAVID B
765 PINETREE DR.
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name: DAVID B. LEVITT #101
82 Street Address (P.O. Box Number is Not Acceptable): 1465 AIA
83 SATELLITE BEACH,
84 City: FL 85 Zip Code: 32937

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 _____ (If changing Registered Agent, this signature must be that of the new Registered Agent) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☒ Change ☐ Addition
12 NAME	LEVITT, DAVID B	12 NAME	PRESIDENT
13 STREET ADDRESS	765 PINETREE DR.	13 STREET ADDRESS	DAVID B. LEVITT #101
14 CITY ST ZIP	INDIAN HARBOUR BEACH FL 32937	14 CITY ST ZIP	1465 AIA
			SATELLITE BEACH, FL. 32937
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I 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 (changed), or on an attachment with an address.

SIGNATURE: David B. Levitt, Pres. 3-30-95 (407) 7790443
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE Daytime Phone Number
DAVID B. LEVITT Pres. 777-2380

0069760 CP