## 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 # P93000071109 (1)

1. Corporation Name

AIA, IN	IC.				
Principal Place	of Business	Mailing Address			001/H 88/14/000H 11801 11811 08/10 10/H FAR
3639 CORTE BRADENTON	Z RD W #224 FL 34210	3639 CORTEZ RD W #22- BRADENTON FL 34210	4		
				3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 04/06/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0455622	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Ζίρ <b>29</b>	Country 30	This corporation has liability for in Florida Statutes     Yes	ntangible tax under s 199.032,
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New R	egistered Agent
6416 28	LLY, CELESTE D TH AVE. E. ITON, FL 34210	Same- Just Move Move	81 Name 82 Street Acid 3 1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	eleste D. Derress (P.O. Box Number is Not Acceptable Bingling Pt D	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 the diagnostic familiar with a specific familiar with					
12.	OFFICERS AND	DIRECTORS.	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	S	DELETE	1. 1 TITLE	19	Change 🔀 Addition
NAME STREET ADDRESS	JURNEY, CAROLE J 3639 CORTEZ RD. W. #200		1.2 NAME 1.3 STREET ADDRESS 3	ostrin Fedder 1639 Collez Rd W Oradentin FC 342	
CITY-ST-ZIP	BRANDENTON FL 34210			oradentm FC342	10
TITLE NAME	P Dockery, celeste D.	DELETE	2.1 TITLE		Change Addition
STREET ADDRESS	6416 28TH AVE E		2.3 STREET ADDRESS		
CITY-SI-ZIP	Bradenton Fl		2.4 CITY - ST - ZIP		i
TITLE		☐ DELETE	3. 1 Tifle		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Fil nei eye	3.4 CITY-\$1-ZIP		
NAME		DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		[T] DELETE	5 1 TiTLE	<del>900016</del> -05/28/96010 ***225.00	Addition Addition
NAME			5.2 NAME	-05/28/96010	1240222****
STREET ADDRESS			5.3 STREET AUDRESS	***225.00	
CITY-SI-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		~ ad G
STREET ADDRESS			6.3 STREET ADDRESS		>-68-76
CITY-ST-ZIP			6.4 City-St-ZiP		AEF)
	y certify that the information supplied w	ith this filing is voluntarily furnishe		or the exemption stated in Section 119.0	17/3//k) Florida Stabutes   further

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)(k). 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 OF DIRECTOR

5/20/96 941/756-4444