


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000071109 (1)

1. Corporation Name

AIA, INC.

Principal Place of Business

3639 CORTEZ RD W #224
BRADENTON FL 34210

Mailing Address

3639 CORTEZ RD W #224
BRADENTON FL 34210-3157



2. Principal Place of Business

21 1819 Main St.

Suite, Apt. #, etc.

22 800

City & State

23 Sarasota

Zip

24 34236

Country

25 Sarasota

2a. Mailing Address

26 1819 Main St.

Suite, Apt. #, etc.

27 800

City & State

28 Sarasota

Zip

29 34236

Country

30 Sarasota

3. Date Incorporated or Qualified

10/11/1993

3a. Date of Last Report

05/28/1996

4. FEI Number

65-0455622

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

DOCKERY, CELESTE D
314 RINGLING POINT DRIVE
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Sign, stamp, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME FEDDER, DARRIN
STREET ADDRESS 3639 CORTEZ ROAD WEST
CITY-ST-ZIP BRANDENTON FL 34210

TITLE P ☐ DELETE

NAME DOCKERY, CELESTE D.
STREET ADDRESS 6416 28TH AVE E
CITY-ST-ZIP BRANDENTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME 1819 Main St.
1.3 STREET ADDRESS Sarasota FL 34236
1.4 CITY-ST-ZIP

2.1 TITLE CEO ☒ Change ☐ Addition

2.2 NAME 1819 Main St.
2.3 STREET ADDRESS Sarasota FL 34236
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Paula Ann 941 957 1444 4/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)