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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085765

1. Corporation Name

AAA EMPLOYMENT OF WINTER PARK, INC.

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90032 001 ***150.00

					<u> </u>							
Principal Place	e of Business		Mailing Ad	ddress								
850 LEE RD.			1850 LEE F	RD.								
Suite 223 Winter Park FL 32789			SUITE 223 WINTER PARK FL 32789				}	DO NOT WRITE IN THIS SPACE				
WHILE FARE IL 32/03						3.	3. Date Incorporated or Qualifed					
							1	01/01/199	_			
2. Principal P	lace of Business		2a. Mailing	d Address				FEI Number			TT/	Applied For
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Suite, Apt.	#60 AMF		Suite	APPLE VIOL Y	ne						\$8.75	Additional
-]	Dime		27), (i			5.	Certificate of	Status Desired		Fee	Required
City & Stat	e		City &	State			6.	Election Carr	paign Financin	3 ~	\$5.0	0 мау ве
<u> </u>			28					Trust Fund C	-	*	•	to Fees
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7	25	ange	29		30)yayo	el_	Personal Pro	perty Tax.		☐ Yes	25%
	9. Name and Add	ress of Carrent	Registered A	gent			10.	Name and A	ddress of Nev	Registere	d Agent	
						81 Name	Z	1. 1.	siste.	Oli	10.0	
	RRY, SHERYL M					82 Street	Address (P	O. Box Numi	per is Not Acce	otable)	<u> </u>	
	SANORA BLVD.					1	30	20 C	nels	ea.	Stre	el
SAN	FORD FL 32773					83	0.1		=			•
						04 015	$\mathcal{C}_{\mathcal{X}}$	100 ACK!) <u> </u>		DE 70	Code
						84 City				F	L 85 Zi	
	to the provisions of Se	ctions 607.0502	and 607.1508	B, Florida Statu	ites, the a	bove-named	corporation	submits this	statement for th	e purpose o	of changing	ts registered
11. Pursuant							oration's bo	pard of directo	rs. I hereby acc	ept the app	ointment as	registerea
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am at 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR