

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -9 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024557**
1. Corporation Name

AA Area Reality, Inc.

Principal Place of Business Mailing Address
200 Golden Bay Blvd. 621 E. Horatio Ave.
Oak Hill, Fl. 32759 Maitland, Fl. 32751

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25 Volusia	29	30 Orange

3. Date Incorporated or Qualified	3a. Date of Last Report
3-28-94	2-26-96
4. FEI Number	Applied For
59-3415219	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
XXX	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

Michael B. Dowda
1515 S. Orlando Ave.
MAitland, Fl. 32751

10. Name and Address of New Registered Agent

81 Name	Jimmy Dean Dowda
82 Street Address (P.O. Box Number is Not Acceptable)	1982 Shannon Lane
83	
84 City	Apopka, Fl.
85 Zip Code	FL 32703

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 Jimmy Dean Dowda DATE 4-28-97
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	Director	XX DELETE
NAME	MIichael B. Dowda	
STREET ADDRESS	1515 S. Orlando, Fl. 32751	
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		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE	President	Change Addition
1.2 NAME	Claude M. Dowda	
1.3 STREET ADDRESS	200 Golden Bay Blvd.	
1.4 CITY-ST-ZIP	Oak Hill, Fl. 32759	Change Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary / Treasurer	Change Addition
3.2 NAME	Jimmy Dean Dowda	
3.3 STREET ADDRESS	1982 Shannon Lane	
3.4 CITY-ST-ZIP	Apopka, Fl. 32703	Change Addition
4.1 TITLE		
4.2 NAME	800002209238--3	
4.3 STREET ADDRESS	-06/11/97--01106--014	
4.4 CITY-ST-ZIP	****347.50 ****347.50	
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: Jimmy DEan Dowda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 1-800-333-5697

Date Daytime Phone #

CR2E034 (9/96)