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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000052679

AAA NETWORK RECOVERY, INC.

	• .								
Principal Place	e of Business	Ma	iling Address				I (BELLE DE LES ESTEN BEING BANK BANK B	0111 M6181 B1118 11614 A))))))
4550 35TH ST N			P O BOX 673						
ST PETERSBURG FL 33714			PINELLAS PARK FL 33780-0873				DO NOT WRITE	IN THIS SPACE	
US			US				3. Date Incorporated or Qualifed	III IIII SEACE	
							07/11/1994	•	
2 Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Applied For
<u> </u>	iada di Budinesa	26					59-3254133		Not Applicable
Suite, Apt.	#. etc.	- -	Suite, Apt. #, etc.					\$8.7	5 Additional
22		27	•				5. Certifcate of Status Desired	Fee	Required
City & Stat	te		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23	•	28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country		Zip	Col	untry		8. This corporation owes the current		أ
24	25	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Regist	tered Agent		-	1 .,	10. Name and Address of New Reg	istered Agent	
non	ED MOUELE D				81	Name			i
	ER, MICHELE R 19TH AVE NE				82	Street Addr	ress (P.O. Box Number is Not Acceptable	i)	
	SILI AVE INC						97 150 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 - 2 7 2 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	privery aloner
SIF	PETE FL 33702	,			83				
					84	City		85 Z	ip Code
مجدان لامما ماري	A!					<u> </u>		FL °3 '	- No
. affice on v	registered econt or both in the Stat	to of Florid	a. Such change was a	authonze	a nv	the corporatio	poration submits this statement for the pur on's board of directors. I hereby accept the	rpose of changing ne appointment as	ts registered
ि agent. l a	am familiar with, and accept the oblig	gations of,	Section 607.0505. Flo	orida Stat	tutes.			· · · · · ·	ا مم
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SIGNATURE	Signature, typed or printed name of registered ac	gent and title if	Papplicable. (NOT	E: Registere	d Agen	K.Ko	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
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14. I 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, with all other like empowered.

CITY-ST-ZIP

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90054 017 ***150.00