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FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000076766 (2)**

1. Corporation Name

**A A A COMPLETE INSURANCE SERVICES INC.**

Principal Place of Business

**2509 BOGGY CREEK RD  
KISSIMMEE FL 34744**

Mailing Address

**P.O. BOX 621507  
ORLANDO FL 32862-1507**

3. Date Incorporated or Qualified

**10/17/1994**

3a. Date of Last Report

**06/14/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

**59-3269689**

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

**FLORES, JOSE L**

**~~5228 MAUI LN~~  
~~ORLANDO FL 32812~~**

10. Name and Address of New Registered Agent

81 Name

**FLORES, JOSE L. (same)**

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

**4625 CHICADEE AVE.**

83

84 City

**ORLANDO**

FL

85 Zip Code

**32812**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **FLORES, JOSE L**

STREET ADDRESS **5228 MAUI LANE**

CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **V** ☐ DELETE

NAME **FLORES, JOSE A**

STREET ADDRESS **5228 MAUI LANE**

CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **ST** ☐ DELETE

NAME **FLORES, CARMEN CARMEN L.**

STREET ADDRESS **5228 MAUI LANE**

CITY-ST-ZIP **ORLANDO FL 32812**

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 **P** ☐ Change ☐ Addition

1.2 NAME **Same**

1.3 STREET ADDRESS **4625 CHICADEE AVE.**

1.4 CITY-ST-ZIP **ORLANDO, FL 32812**

2.1 TITLE **V** ☐ Change ☐ Addition

2.2 NAME **Same**

2.3 STREET ADDRESS **4625 CHICADEE AVE.**

2.4 CITY-ST-ZIP **ORLANDO, FL 32812**

3.1 TITLE **ST** ☐ Change ☐ Addition

3.2 NAME **FLORES, CARMEN L.**

3.3 STREET ADDRESS **4625 CHICADEE AVE.**

3.4 CITY-ST-ZIP **ORLANDO, FL 32812**

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:

**JOSE L. FLORES, president 4/12/97 348-6655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)