

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015379 (7)

1. Corporation Name

AAA EQUIPMENT FINANCING CO.



Principal Place of Business

2662 BENT HICKORY CIRCLE
LONGWOOD FL 32779

Mailing Address

2662 BENT HICKORY CIRCLE
LONGWOOD FL 32779

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2510 N. County 427

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Longwood Flor. da

28 City & State

Longwood FL

24 Zip

32750

25 Country

U.S.A.

29 Zip

32750

30 Country

U.S.A.

4. FEI Number

59-3309066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

NAPOLEON, RIK MR.
2662 BENT HICKORY CIRCLE
LONGWOOD FL 32779

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Rik Napoleon

Signature (printed or typed name of registered agent, if applicable)

Name of Registered Agent (printed or typed name, if applicable)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NAPOLEON, RIK MR.
STREET ADDRESS 2662 BENT HICKORY CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779

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SIGNATURE:

Rik Napoleon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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

900001873269

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***200.00

4-30-96

407-834-1819

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