

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033247 (4)

1. Corporation Name

A A VALUE REALTY, INC.



Principal Place of Business

670 NORTH ORLANDO AVENUE, SUITE 204
MAITLAND FL 32751

Mailing Address

670 NORTH ORLANDO AVENUE, SUITE 204
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

29

30

9. Name and Address of Current Registered Agent

ADAMS, PATRICIA S
407 LAKE HOWELL RD., SUITE 122
MAITLAND FL 32751

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

First Filing

4. FEI Number

59-331-2257

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

10. Name and Address of New Registered Agent

81

Name

ADAMS, PATRICIA S

82

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

670 North Orlando Ave, Ste 204

83

84

City

Maitland

FL

85

Zip Code

32751

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 or director

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

PV

☐ DELETE

NAME

ADAMS, PATRICIA S

STREET ADDRESS

407 LAKE HOWELL RD., SUITE 122

CITY-STATE-ZIP

MAITLAND FL 32751

TITLE

STD

☐ DELETE

NAME

ADAMS, PATRICIA S

STREET ADDRESS

407 LAKE HOWELL RD., SUITE 122

CITY-STATE-ZIP

MAITLAND FL 32751

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

670 North Orlando Ave # 204

1.4 CITY-STATE-ZIP

Maitland, FL 32751

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

670 North Orlando Ave # 204

2.4 CITY-STATE-ZIP

Maitland, FL 32751

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia S Adams (PATRICIA S ADAMS)

4/30/96

407 539-7021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)