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 # **P95000035805 (7)**

1. Corporation Name

AAA SYSTEMS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10120 SUNSET STRIP. SUITE 164 SUNRISE FL 33322	10120 SUNSET STRIP. SUITE 164 SUNRISE FL 33322

3. Date Incorporated or Qualified: 05/02/1995
3a. Date of Last Report: 5

2. Principal Place of Business	2a. Mailing Address
21 13091 W. Sunrise Blvd.	26 13091 W. Sunrise Blvd
Suite, Apt. #, etc. 22 Suite 160	Suite, Apt. #, etc. 27 Suite #160
City & State 23 Sunrise, Florida	City & State 28 Sunrise, Fl.
Zip / Country 24 33323 / 25 Broward	Zip / Country 29 33323 / 30 Broward

4. FEI Number: 65-0562648 ☐ 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

MAISEL, ADRIENNE
10120 SUNSET STRIP, SUITE 164
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name: Elise Portman
82 Street Address (P.O. Box Number is Not Acceptable): 10701 N.W. 14th St
83
84 City: Plantation FL 85 Zip Code: 33322

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: Elise Portman — Elise Portman — 7/16/96
Signature, typed or printed name of registered agent — Title, Registered Agent (Signature is required when filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST MAISEL, ADRIENNE 10120 SUNSET STRIP, SUITE 164 SUNRISE FL 33322	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PVST MAISEL, Adrienne 13091 W. Sunrise Blvd., Suite #160 Sunrise, FLORIDA 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAISEL, ADRIENNE 10120 SUNSET STRIP, SUITE 164 SUNRISE FL 33322	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D MAISEL, Adrienne 13091 W. Sunrise Blvd., Suite # 160 Sunrise, FLORIDA 33323	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Adrienne Maisel — 7/16/96 — (954) 466 5581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #