

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041553 (5)

1. Corporation Name

AA888, INC.



Principal Place of Business

Mailing Address

5916 1/2 15TH STREET EAST
BRADENTON FL 34203

5916 1/2 15TH STREET EAST
BRADENTON FL 34203

2. Principal Place of Business

2a. Mailing Address

21 5916 15th St. EAST

26 5916 15th St. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 BRADENTON FL

28 BRADENTON FL

Zip

Country

Zip

Country

24 34203

25 MANATEE

29 34203

30 MANATEE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/26/1995

4. FEI Number

Applied For

Not Applicable

65-0598245

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. 199.03?
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

POLOGRUTO, PHIL
6002 12TH STREET W
BRADENTON FL 34207

81 Name

POLOGRUTO, PHIL

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

5916 15th St E

83

84 City

BRADENTON

FL

85 Zip Code

34203

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 the corporation

(NOTE: Registered Agent signature required when not sitting)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME POLOGRUTO, PHIL
STREET ADDRESS 6002 12TH STREET W
CITY-ST-ZIP BRADENTON FL 34207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME POLOGRUTO, PHIL
13 STREET ADDRESS 5916 15TH STREET
14 CITY-ST-ZIP BRADENTON, FL 34207

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHIL POLOGRUTO

941-255-3100
Dixie Phone

CR2E034 (3/96)