## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000048614 (8)

AAAA TRANSPORTATION INC

ANNA I	nanoronia non, inc.							
Principal Plac	ce of Business	Mailing Address		_		- I SANDELDOE TIR TOTAL DISTU NOTE BASTI OFFIC	<u>adun girah tahu dinan ka</u>	(1 E   10   10 E
201 EGLIN PK FORT WALTO	(WY 8E N BEACH FL 32548	13 SHADY LN MARY ESTHER FL 32569-1	1943					
						3. Date Incorporated or Qualified 06/19/1995	3a. Date of Last 02/27/1996	Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	<del></del>	pplied For
21 26					· · · · · · · · · · · · · · · · · · ·	59-3323212	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 ' -	Additional	
City & Sta	to	City & State				<del> </del>		Sequired
23	ite	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	nlry		8. This corporation has liability for it		
24	25	29	30	,			Yes No	5. 199.032,
	9, Name and Address of Curren		1001			10. Name and Address of New Reg		
CR/	ANE, GREGORY L			81	Name			
	SHADY LN		}	82	Stroot Addre	ess (P.O. Box Number is Not Acceptab	(a)	
MAI	RY ESTHER FL 32569		1	-	Ollockindare			
			Ţ	83	ļ			
			-	84	City		<b>85</b> Zip	Code
			1	~	City		FL S	0000
office or agent. I a	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was :	authorized	yd t	v the corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of changing tithe appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NO:	'E Registered	ΙΑge	ent signature require	d when reinstating)	DATE	- <del></del>
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE		1.1 TITLE			Change	Addition
NAME	CRANE, GREGORY L.		1.2 NA	ME				{
STREET ADDRESS	13 SHADY LANE		138		ADDRESS			
CITY-ST-ZIP				Y - S	ST-ZIP			
TITLE	ST CO			21 TITLE			Change	☐ Addition
NAME	CRANE, BARBARA Ø. O.		2 2 NA	ME				ļ
STREET ADDRESS				2.3 STREET ADDRESS				ļ
CITY-ST-ZIP	MARY ESTHER FL			4 CHY - ST - ZIP CHY		Change	Addition	
TITLE			•	3.2 NAME			□1 cusuds	☐ Addition
NAME STREET ADDRESS	1		ı		ADDRESS			
CITY-ST-ZIP			3.4. CI		-			ļ
TITLE	<del> </del>	DELETE	4.1 TIT		JI ZII		Change	Addition
NAME			4. 2 NA					
STREET ADDRESS	]		1		ADDRESS			
CITY-ST-ZIP			4.4 CIT					ļ
TITLE		DELETE	5.1 TIT				☐ Change	Addition
NAME	1		5.2 NA	ME			11	المرار _
STREET ADDRESS			5.3 STI	REET	ADDRESS		\\^^	) 2/11
CITY-ST-ZIP			5 4 C T	Y - S	ST - ZIP		′ (/	
MILE		☐ DELETE	61 TIE	Lŧ			Change	Addition
NAME			6.2 NA	ME		10000207 -02/05/970109	8521	
STREET ADDRESS	ŀ		63 ST	AEE1	ADDRESS	-02/05/970109	3017	

6.4 CITY-ST-ZIP 4. 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 or on an attachment with an address.

\*\*\*165.00