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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000048767 (4)

AAA'MARKETING INT'L, INC.

## **FILED** Jun 11 1997 8:00am Secretary of State



Principal Di- a	o of Business	Moiling Address			44111 81481 18111 18414 81111 1881 1881	
Principal Place of Business Mailing Address  6217 IMPERIAL KEY 6217 IMPERIAL KEY						
TAMPA FL 336		TAMPA FL 33615-3511				
				3. Date Incorporated or Qualified 06/22/1995	3a. Date of Last Report 09/18/1996	
21 /02/	lace of Business  4 Yunper Dr.	28. Mailing Address 26 /02/4 / ///	pon pr.	4. FEI Number APPLIED FOR 59-332	6993 Applied For Not Applicable	
22	π, οιο.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	sure ISCAND, FL.	City & State  7/2005 CAME.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 3 3	704 25 Pine I/AS		Country of In		Yes No	
OT /	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	GERMAIN, ROSE 14 TARPON DR					
	ASURE ISLAND FL 33706		82 Street Add	tress (P.O. Box Number is Not Acceptab	le)	
)	TOTION INDICATE OF ANIAN		83			
			04		Tabl 75. O. d.	
			84 City		FL 85 Zip Code	
SIGNATURE	Signature, typed or punited name of mystered age OFFICERS AN		Registered Agont signature req	uired when relinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12	
TIPLE	PSTD	DELETE	1.1 10UE		Change Addition	
NAME	ST. GERMAIN, ROSE		1.2 NAME			
STREET ADDRESS	6217 IMPERIAL KEY		1.3 STREET ADDRESS /	0214 TARPIN Dr. IRLESUNE IS. FL-33	747	
CITY-ST-ZIP	TAMPA FL 33615			ikldsund Is, re-33		
TITLE		DELETE	2.1 TALE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CHY+ST-ZIP			
CITY-ST-ZIP TITLE		DELFTE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		—	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			34 CITY+ST-ZIP			
TITLE		DETETE	41 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	4.4 C(1Y - ST - Z(P) 5.1 HTLE		Change Addition	
NAME		_ ottett	5.1 HTLY 5.2 NAME		C outdoo C Variation	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-SI-7IP			
TITLE		DELFTE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		- · -	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - 7 IP			

14. 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 of supplemental armual 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.

813-360-9007