

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sander B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049945 (5)**

1. Corporation Name
AACS, INC.

Principal Place of Business
**2004 DURHAM STREET
TAMPA FL 33605**

Mailing Address
**2004 DURHAM STREET
TAMPA FL 33605-6068**

3. Date Incorporated or Qualified 07/01/1995	3a. Date of Last Report 04/23/1996
4. FEI Number 59-0328875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P. O. Box 75393
22. City & State	27. City & State
23. Zip	28. Tampa, FL
24. Country	29. Zip
25. USA	30. 33675

9. Name and Address of Current Registered Agent MILLER, RANDELL 315 HYDE PARK AVENUE TAMPA FL 33605	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTO, ANTHONY A	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 5238	1.3 STREET ADDRESS	7815 N 53RD ST
CITY-ST-ZIP	TAMPA FL 33605	1.4 CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPITANO, ANTOINETTE	2.2 NAME	
STREET ADDRESS	11416 LENABOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLNER, CATHERINE V	3.2 NAME	
STREET ADDRESS	1555 DELANEY DRIVE APT. 1603	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32306	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTO, SAMUEL P	4.2 NAME	
STREET ADDRESS	3915 WILLOWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARTINEZ GA 30007	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, upon an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)