

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. Moriham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 15 AM 11:29

SECRETARY OF STATE



**REINSTATEMENT** 96

DOCUMENT # **P95000089999 (3)**

1. Corporation Name

**AAA TRUST, INC.**

Principal Place of Business

Mailing Address

**609 N. HYER AVE.  
ORLANDO FL 32803**

**609 N. HYER AVE.  
ORLANDO FL 32803**

2. Principal Place of Business

2a. Mailing Address

21 **2705 Norris Ave**

26 **P.O. Box 821**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Orlando, FL 32803**

28 **Winter Park 32790-0821**

Zip

Country

Zip

Country

24 **32803**

25

**US**

29 **32790-0821**

30

**US**

3. Date of Last Report

**11/27/1995**

**1995**

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

10. Name and Address of New Registered Agent

**KEMP, E. DAVID  
609 N. HYER AVE.  
ORLANDO FL 32803**

81 Name

**Jack Baptiste**

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

**2705 Norris Ave.**

83

**Orlando**

84 City

**FL**

85 Zip Code  
**32803**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

*Jack Baptiste*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PSTD**  
STREET ADDRESS **KEMP, E. DAVID**  
CITY-ST-ZIP **609 N. HYER AVE.  
ORLANDO FL 32803**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Jack Baptiste P/D**  
1.3 STREET ADDRESS **2705 Norris Ave.**  
1.4 CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **Vice-President**  
2.3 STREET ADDRESS **Bonnie Sciabbarrasi**  
2.4 CITY-ST-ZIP **419 San Sebast  n Pardo  
Altamonte Springs, FL 32714**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Sec/Treasure**  
3.3 STREET ADDRESS **Andrew Sciabbarrasi**  
3.4 CITY-ST-ZIP **419 San Sebast  n Prado  
Altamonte Springs FL 32714**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**400002062244--1**  
**-01/17/97--01098--007**  
**\*\*\*375.00 \*\*\*375.00**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: **Andrew Sciabbarrasi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/97 (407)788-7077**

Date Daytime Phone #

CR2E034 (3/96)