

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90031 032 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000091511

1. Corporation Name  
**AAA ISLAND PROPERTY SERVICES, INC.**



Principal Place of Business: 141 TREASURE ISLAND CAUSEWAY, TREASURE ISLAND FL 33706  
 Mailing Address: 141 TREASURE ISLAND CAUSEWAY, TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1995

4. FEI Number: 59-3351086 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 11260-7th St. E. Suite, Apt. #, etc. 22  
 City & State: 23 Treasure Island, Fla. Zip: 24 33706 Country: 25 Pinellas

2a. Mailing Address: 26 11260-7th St. E. Suite, Apt. #, etc. 27  
 City & State: 28 Treasure Island, Fla. Zip: 29 33706 Country: 30 Pinellas

9. Name and Address of Current Registered Agent: DOWLING, ROBERT W, 141 TREASURE ISLAND CAUSEWAY, TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 11260-7th St. E., 83, 84 City: Treasure Island, FL, 85 Zip Code: 33706

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert W. Dowling Pres. Date: 1/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DOWLING, ROBERT W		1.2 NAME	
STREET ADDRESS: 141 TREASURE ISLAND CAUSEWAY	→	1.3 STREET ADDRESS: 11260 7th St. E. Treasure Island	
CITY-ST-ZIP: TREASURE ISLAND FL 33706		1.4 CITY-ST-ZIP: FL 33706	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: Nancy H. Dowling	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS: 11260-7th St. E. Treasure Island, Fla.	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP: 33706	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <del>Michael L. Dowling</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: Vice president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: Michael L. Dowling	
STREET ADDRESS:		4.3 STREET ADDRESS: 11260-7th St. E.	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: Treasure Island, Fla. 33706	
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 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, or on an attachment with my address, with all other like empowered.

SIGNATURE: Robert W. Dowling Date: 1/9/99 Daytime Phone #: 777 3686607

CR2E034 (11/98)