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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020024 (1)

AAA FAMILY SERVICES OF TAMPA, INC.

Principal Place of Business Mailing Address 707 E. KENNEDY BLVD. 707 E. KENNEDY BLVD. TAMPA FL 33602-5011 TAMPA FL 33602 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1996 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Country Zιρ Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GURBA, JOHN A JR. 2530 GARY CIR. #604 82 Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 83 84 Zip Code 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, as a secept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DAT spect or prailed name of registered agent and tills if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THILE 1.1 TITLE n NAME GURBA, JOHN A JR. 1.2 NAME 2530 GARY CIR., #604 STREET ADDRESS 1.3 STREET ADDRESS **DUNEDIN FL 34698** 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 2 1 TITLE **GURBA, JOHN A** NAME 2.2 NAME 5711 FOXLAKE DR. #2 STREET ADDRESS 23 STREET ADDRESS FT. MYERS FL 33917 2.4 CITY-ST-ZIP DRY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE BARWICK, DEBORAH NAME 3.2 NAME 4707 140TH AVE., #210 STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL 34622** DITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition THTLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-2IP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIE

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 true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

or on an attachment with an address.