

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

May 13 1997 8:00am

Secretary of State

FLORIDA  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000046208 (0)

AAA [REDACTED] INC.  
LEASING

Principal Place of Business

Mailing Address

1103 KENNEDY BLVD.  
ORLANDO FL 32813

1103 KENNEDY BLVD.  
ORLANDO FL 32810-4439

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

4. FEI Number

59-[REDACTED]

Applied For

Not Applicable

5. Certificate of State Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
CURTIS, GARY L  
1103 KENNEDY BLVD.  
ORLANDO FL 32813

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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, hereby accept the appointment as registered agent. Corporation will, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent of corporation (if not applicable, leave blank)

(Note: Registered Agent Signature required when establishing)

DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| 1. TITLE                   | <input type="checkbox"/> DELETE |
| 2. NAME                    | CURTIS                          |
| 3. STREET ADDRESS          | 1103 KENNEDY BLVD.              |
| 4. CITY - ST - ZIP         | ORLANDO FL 32813                |
| 5. TITLE                   | <input type="checkbox"/> DELETE |
| 6. NAME                    |                                 |
| 7. STREET ADDRESS          |                                 |
| 8. CITY - ST - ZIP         |                                 |
| 9. TITLE                   | <input type="checkbox"/> DELETE |
| 10. NAME                   |                                 |
| 11. STREET ADDRESS         |                                 |
| 12. CITY - ST - ZIP        |                                 |
| 13. TITLE                  | <input type="checkbox"/> DELETE |
| 14. NAME                   |                                 |
| 15. STREET ADDRESS         |                                 |
| 16. CITY - ST - ZIP        |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY - ST - ZIP                                   |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY - ST - ZIP                                   |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY - ST - ZIP                                   |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY - ST - ZIP                                   |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY - ST - ZIP                                   |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY - ST - ZIP                                   |                                                                   |

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-05/23/97--01003--044  
\*\*\*165.00

14. I, the undersigned, hereby certify that the information supplied with this 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature of Gary L. Curtis]

GARY L CURTIS

4-25-97

412-875-0226

SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

000001

CR2E034 (9/96)