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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

1997

POCUMENT # P96000046477 (1) AARON DIVERSIFIED SERVICES, INC.

FILED Jun 06 1997 8:00am Secretary of State



Principal Piece of Business Mailing Address					L INDITARI (IN INTER MILIT AND IN SOLUT SO	is defina Brisit Arfitit (9 fire fante 50 fir
1907 E. ALFRED STREET #B TAVARES FL 32778		1307 E. ALFRED STREET #B TAVARES FL 32778-3505				
					3. Date Incorporated or Qualified 3	a. Date of Last Report
					05/30/1996	
2. Principal Place of Business 2a. Mailing Address						Applied For
21					288 32 404	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required
	City & State City & State				6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip Country		8. This corporation has liability for intar	ngible tax under s. 199.032,	
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Curren	t Registered Agent			Name and Address of New Regist	ered Agent
BRL	imbáugh, james a sr) 8	11 Name		
1307 E. ALFRED STREET #B TAVARES FL 32778			la la	2 Street Ar	treet Address (P.O. Box Number is Not Acceptable)	
				OU COL A	daress (1.0. box Hamber is Not Acceptable)	
			8	3		
			8	4 600		los I 7: Code
			8	4 City		FL 85 Zip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607,1508, Florida Statu of Florida. Such change was alions of, Section 607.0505, F	ites, the abo authorized lorida Statut	ove-named c by the corpo es.	orporation submits this statement for the purp- oration's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	ol and title if poplicable (NO	Tf : Desiglared 6	cont signalure re	equired when reinstating)	ATŁ
12.	, OFFICERS AND		13.	gent signomic re	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE	:T		Change Addition
NAME	BRUMBAUGH, JAMES A SR		1.2 NAME			_ • -
STREET ADDRESS.	24824 GAN-EDEN DRIVE			ET ADDRESS		
CITY-ST-ZIP	ASTATULA FL 34705			-ST-ZIP		i
TITLE	D	DELETE	21 TITLE			Change Addition
NAME	BRUMBAUGH, JAMES A JR		22 NAM	F		· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	24800 GAN-EDEN DRIVE			ET ADDRESS		
Ctty-St-ZIP	ASTATULA FL 34705			1 - S1 - ZIP		
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	BRUMBAUGH, SUSANNE	— -	3.2 NAM	1 i		
STREET ADDRESS	24612 GAN-EDEN DRIVE		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ASTATULA FL 34705			r-ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS	1			ET ADDRESS		
CITY-ST-ZIP		•		-ST-ZIP	01/10	
TITLE			5.1 T(TL)		#\N	Change Addition
NAME			5,2 NAM			η <u> </u>
STREET ADDRESS				ET ADDRESS	`, \	,M1
CITY-ST-ZIP			5.4 CITY		<i>\</i> √√,	ν.
TITLE		DELETE	6.1 TITU			Change Addition
NAME			6.2 NAM		300002212	95 1 3
STREET ADDRESS	1			ET ADDRESS	-06/16/9701026-	039
			6.4 CITY	1	***165.00	
CITY-ST-ZIP	1 * * * * * * * * * * * * * * * * * * *		0.4 UIIY	-01-28	dead in Consider 440 07(0)(i) Florida Classes Le	

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the talk must report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for trustee amount of the execute this report as required by Chapter 607, Florida Statutes; and that my name to the execute this report as required by Chapter 607, Florida Statutes; and that my name