PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000011637

Country

9. Name and Address of Current Registered Agent

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VERZAAL, ADRIAN R

960 GARDENIA DRIVE DELRAY BEACH FL 33483

A & A CORPORATION, INC.

'rincipal Place of Business 160 GARDENIA DRIVE DELRAY BEACH FL 33483

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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28 Zip

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960 GARDENIA DRIVE DELRAY BEACH FL 33483

## FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90003 025 \*\*\*550.00



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, by the children of sections 607.050. Florida Statutes

Country

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Name

City

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

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	Signature, typed or printed name of registered agent and title	f applicable. (NC	TE: Registered Agent signature req			
	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
.E	D	DELETE	1.1 TITLE	Change Additio		
AE .	verzaal, adrian r		1.2 NAME			
EET ADDRESS	960 GARDENIA DRIVE		1.3 STREET ADDRESS			
Y-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-ST-ZIP			
£		DELETE	2.1 TITLE	Change Addition		
4E		_	2.2 NAME			
EET ADDRESS			2.3 STREET ADDRESS			
Y-ST-ZIP			2.4 CITY-ST-ZIP			
E		DELETE	3.1 TITLE	Change Additio		
AE		_	3.2 NAME			
EET ADDRESS			3.3 STREET ADDRESS			
Y-ST-ZiP			3.4 CITY-ST-ZIP			
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EET ADDRESS			4.3 STREET ADDRESS			
Y-ST-ZIP			4.4 CITY-ST-ZIP			
E		DELETE	5.1 TITLE	Change Additio		
Æ		_	5.2 NAME			
EET ADDRESS			5.3 STREET ADDRESS			
/-ST-ZIP			5.4 CITY-ST-ZIP			
E		DELETE	6.1 TITLE	Change Addition		
Æ			6.2 NAME	<del></del>		
EET ADDRESS			6.3 STREET ADDRESS			
'-ST-ZIP			6.4 CITY-ST-ZIP			
I hereby ce indicated o an officer o	n this annual report or supplemental annual	I report is true and accur or pastee empowered to	he exemption stated in secrete and that my signature	ction 119.07(3)(i), Florida Statutes. I further certify that the information is shall have the same legal effect as if made under oath; that I am equired by Chapter 607, Florida Statutes; and that my name appears		

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/97 Date

Daytime Phone #

:R2E034 (5/99

Zip Code

85