

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

FILED
May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019139

1. Corporation Name
AMERICAN ATLANTIC AND PACIFIC COMPANY INCORPORATED



Principal Place of Business 4355 AQUA VISTA DRIVE ORLANDO FL 32839	Mailing Address 4355 AQUA VISTA DRIVE ORLANDO FL 32839
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4355 AQUA VISTA DR	2a. Mailing Address 26 4355 AQUA VISTA DR	3. Date Incorporated or Qualified 02/26/1997	4. FEI Number 59-3423592	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 ORLANDO FLA OR	City & State 28 ORLANDO FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 32839	Country 25 ORANGE	Zip 29 32839	Country 30 ORANGE	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

DEL VALLE, STEVEN
4355 AQUA VISTA DR.
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name STEVEN DEL VALLE
82 Street Address (P.O. Box Number is Not Acceptable) 4355 AQUA VISTA DR
83
84 City ORLANDO
FL 85 32839

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Steven Del Valle* **STEVEN DEL VALLE** **REG. AGENT** DATE: **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	CURRY, JOHN
STREET ADDRESS	6469 CONROY ROAD
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	<input type="checkbox"/> DELETE
NAME	DEL VALLE, STEVEN
STREET ADDRESS	4355 AQUA VISTA DR.
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	

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 an address, with all other like empowered.

SIGNATURE: *Steven Del Valle* **STEVEN DEL VALLE** **PRESIDENT** DATE: **4/27/99** DAYTIME PHONE #: **407 4251631**

CR2E034 (11/98)