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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARIMENT OF STATE

**FILED** 

May 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000076121 (7)

AAA HE	:AL ESTATE ADVISORS, I	NC.			
Principal Plac	e of Business	Mailing Address			
63 N. BUMBY	AVE.	63 N. BUMBY AVE.			
ORLANDO FL 32903		ORLANDO FL 32903			DO NOT WRITE IN THE BOACE
1					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
Į					J
2. Principal P	lace of Business	2a. Mailing Address			<b>09/03/1997 4.</b> FEI Number . Applied For
21		26			59-3479430 Not Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc.			S8 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	<del></del>		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curr	29	30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	<del></del>	ent registeren Agent	B1	Name	
	RNS, STEPHEN J		L	110/100	
	n. Bumby ave. Lando fl 32803		82	Street	Address (P.O. Box Number is Not Acceptable)
Uni	LANDO FL 32803		83		
			Ľ		
			84	City	FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-named	corporation submits this statement for the purpose of changing its registered
office or r agent. I a SIGNATURE	ım <b>fam</b> iliar with, and accept the ob	ligations of, Section 60 <b>7.0505</b> , Flo	orida Statule	S.	poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed menie of registered			ent signature	e required when (einstaling) DATE
12.	OFFICIALLY	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	BURNS, STEPHEN J	Official	1.2 NAME		
STREET ADDRESS	63 N. BUMBY AVE.			ADDRESS	1510 E. Colonial Dr. Suite 203 west
CITY-ST-ZIP	ORLANDO FL 32803		1.4 GITY-5		011ando Th 32803
TITLE	D	DELETE	2.1 TITLE	, p.,	Change Addition
NAME	WOODY, KIM D		2.2 NAME		Moody, KPm D 1510 E Blonial Or. Svite 203 west
STREET ADDRESS	63 N. BUMBY AVE.		2.3 STREE	T ADDRESS	1510 E Blonial Or Suite 203 West
CITY-ST-ZIP	ORLANDO FL 32803		2. 4 CITY-	ST-ZIP	Orlando fu 30803
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-\$T-ZIP			3 4. CITY-	ST · ZIP	
TITLE		☐ DELETE	4.1 TITLE		LI Change LI Addition
NAME			4. 2 NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		DELETE	44 CHY-5	ST - ZIP	Change Addition
TITLE NAME		T DETECTE	5.1 TITLE		LI CHARGE LI ACCION
STREET ADDRESS			5.2 NAME	r annotee	
			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	01-7II.	Change Addition
NAME		Frank Assessed on	6.2 NAME		The state of the s
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S		
14. I hereby o	certify that the information supplied	with this filing does not qualify fo	or the exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or o	on this annual report or supplement	ntal annual report is true and acceceiver or trustee empowered to a	or the exemp	ition state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the same legal effect as if made under oath; that I am an sequired by Chapter 607, Florida Statutes; and that my name appears in