Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90030 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029528

1. Corporation Name

A & A INVESTMENTS GROUP, INC.

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Principal Place	e of Business	Mailing Address			•
4091 S.E. 22ND AVENUE 4091 S.E. 22ND AVENUE					
APT. A				DO NOT WRITE IN THIS	S SPACE
OCALA FL 34480 OCALA FL 34480		OCALA FL 34480			JOFAGE
				3. Date Incorporated or Qualifed	
				03/31/1998	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3501853	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		27		5. Dorato de Caración de Carac	Fee Required
City & State City &		City & State	, , ,	6. Election Campaign Financing	\$5.00 May Be -
23 28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 30		Personal Property Tax.	X Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	i Agent
81 Name				- //	
				ornest Haybei	
600 BYPASS DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 115			83	$\sqrt{ W,U } > \sqrt{2-24N}$	
	ARWATER FL 33764				
	THE COLOR		84 City		85 Zip Code
				CALA FI	- 747/ /
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, Pforda Statutes.					
,	The state of m	Theren		12 APK	PIL 1997
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	stered Agent signature require	d when reinstating) OKTE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TTLE		☐ Change ☐ Addition
NAME	HAYNES, ERNEST M		1.2 NAME		
STREET ADDRESS	4091 S.E. 22ND AVENUE APT.	a !	1.3 STREET ADDRESS	•	
CITY-ST-ZIP	OCALA FL 34480		1,4 CITY-ST-ZIP		
TITLE	00.00.000	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
i		_	2.2 NAME		
NAME		•	2.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		El perere	2. 4 CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TTLE		☐ Criange [_] Addition
NAME	and the second		3.2 NAME	•	
STREET ADDRESS	<u> </u>	•	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME		 - -
NAME (5.3 STREET ADDRESS		
STREET ADDRESS	1		3.3 STREET PURESS		
			5 4 OFFI (CT 7/D		
CITY-ST-ZIP		☐ D€LETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP