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Secretary of State

03-05-1999 90104 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082223

1. Corporation Name

AAA PORT-O-JOHN, INC.

Principal Place of Business

~~6823 VISTA PARKWAY NORTH~~
WEST PALM BEACH FL 33411

Mailing Address

~~6823 VISTA PARKWAY NORTH~~
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

65-0871729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6342 Forest Hill Blvd

2a. Mailing Address

26 6342 Forest Hill Blvd

Suite, Apt. #, etc.

22 # 239

Suite, Apt. #, etc.

27 # 239

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33415-6104 USA

Zip

29 33415-6104

Country

30 USA

9. Name and Address of Current Registered Agent

HALPERIN, ELEANOR B
1400 CENTREPARK BLVD., STE. 1000
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Cheryl Y. Perry

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

6823 Vista Parkway North

83

84 City

West Palm Beach

FL

85 Zip Code

33411

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

Cheryl Y. Perry
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HEINE, CHRIS
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

☐ DELETE

TITLE D
NAME AUBURN, KENNETH
STREET ADDRESS 6823 VISTA PARKWAY NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: *Chris A Heine* 1/13/99 X 561-684-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Chris A Heine Date Daytime Phone # X 212

CR2E034 (11/98)