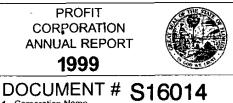
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

AA REFERRAL COMPANY, INC.

1. Corporation Name



FLORÎDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 19, 1999 8:00 am Secretary of State

05-19-1999 90009 035 ***300.00

|--|

Principal Place of Business Mailing Address						7.00.00			
8921 W OAKLAND PARK BLVD 8921			921 W. OAKLAND PARK						
SUNRISE FL 33	35 1		SUNRISE FL 33351			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qua		3 31 ACL	
						12/04/1990	meu		
• D-iiI D	lace of Business	2- 1	lailing Address			4. FEI Number		- I And	plied For
2. Principal P	ace of business	⊢	laining Address			65-0236100			t Applicable
21 Cuito Ant	# oto		Suite, Apt. #, etc.			03 0230 100		\$8.75 A	
Suite, Apt.	#, etc.	27	 , '			5. Certificate of Status Desire	ed 🔲	Fee Re	
City & State			City & State			6. Election Campaign Finance	cina	\$5.00	May Be
¬ '	G	├ ŋ	28			Trust Fund Contribution	cing []	Added to	- 1
23∤ Zip	Country			Countr		8. This corporation owes the	current year Ir		
- `	25	29	·	_	•	Personal Property Tax.			2 No
24	9. Name and Address of			<u>~</u>		10. Name and Address of N	ew Registered	Agent	
:				81	Name /	- 2211/6 Th	- 11 1		
FAG.	AN/PAUL			_		ORKAIUT GO	1/1/17	Mil	
892 XW. QAKLAND PARK BLVD.				82	2 Street Apr	dress (P.O. Box Number is Mil Ac	ILIA)	リヒ /561	rd
SUKŃ	RìSE/FL 33391			8:	3 01	0 111 1 2 - 111	INC	1	
					4	ACC ACTION			
				84	City	unrest.	FI	85 Zip C	255
44 Dureuant	to the provisions of Sections	607 0502 and 607	1508 Florida Statutes	the abov	/e-named cor	poration submits this statement fo	r the purpose o	f changing its	registered
office or r	egistered agent, or both, in th	ne State of Florida.	Such change was aut	horized by	the corporat	tion's board of directors. I hereby	accept the appo	intment as rec	gistered
agent. I a	m familiar with, and accept th	e obligations of, S	ection 607,0505/Florid	la Statute	S .		1/2	1/99	
SIGNATURE	Signature, type of printed name of regi	istered agent and title if a	MOTE 8	enistered An	not cionaturo reoli	red when reinstating)	DATE	7 / /	—— Ì
12,		ERS AND DIREC		13.	ork algranaro roqui	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	VSDR		☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	THOMAS, DONNA			1.2 NAME					
STREET ADDRESS	8921 W OAKLAND PARI	K BLVD		1.3 STREE	ET ADDRESS				
	SUNRISE FL			1.4 CITY-	1				1
CITY-ST-ZIP TITLE	00/11/102 / 2		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME				2.2 NAME					
					ET ADDRESS				
STREET ADDRESS				2. 4 CITY-	i				
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE	01-28			☐ Change	Addition
NAME				3.2 NAME					
				4	ET ADDRESS				}
STREET ADDRESS				3.4. CITY-					
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE				Change	Addition
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					ET ADDRESS				
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CITY-ST-ZIP			☐ DELETE	4.4 CITY- 5.1 TITLE				☐ Change	Addition
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NAME				4	ET ADDRESS				
STREET ADDRESS				5.4 CITY-	}				
CITY-ST-ZIP			☐ DELETE	6.1 TITLE				Change	Addition
TITLE				6.2 NAME	i				
NAME					ET ADDRESS				
STREET ADDRESS		1		6.4 CITY-					

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 suppliermental 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 of the receiver or busine 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: