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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S41683** (1)

1. Corporation Name
AURORA U.S.A., INC.

Principal Place of Business
**4123 W KENNEDY BLVD
TAMPA FL 33609**

Mailing Address
**4123 W KENNEDY BLVD
TAMPA FL 33609-2226**



2. Principal Place of Business

21 **10903 Alpharetta Hwy**
Suite, Apt. #, etc.

2a. Mailing Address

26 **10903 Alpharetta Hwy**
Suite, Apt. #, etc.

22 City & State

23 **Roswell GA**

Zip Country

24 **30076**

27 City & State

28 **Roswell GA**

Zip Country

29 **30076**

30

3. Date Incorporated or Qualified
03/29/1991

3a. Date of Last Report
01/25/1996

4. FEI Number

59-3063686

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VINTGES, JOHN M.
4123 W. KENNEDY BLVD
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

John Cronin JR

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

2560 Gulf to Bay Blvd

83 Suite 200

84 City

Clearwater

FL

85 Zip Code

34625

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **VINTGES, JOHN**
STREET ADDRESS **1358 FORESTEDGE BLVD.**
CITY - ST - ZIP **OLDSMAR FL**

TITLE **VP** ☒ DELETE
NAME **VINTGES, KAREN**
STREET ADDRESS **1358 FORESTEDGE BLVD**
CITY - ST - ZIP **OLDSMAR FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Vintges, John**
1.3 STREET ADDRESS **730 Valley Summit Drive**
1.4 CITY - ST - ZIP **Roswell GA 30075**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Vintges, Karen**
2.3 STREET ADDRESS **730 Valley Summit Drive**
2.4 CITY - ST - ZIP **Roswell GA 30075**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/97

770 649 9300

CR2E034 (9/96)