FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 11:49

DOCUMENT # S48421 (9)

1. Corporation Name
AA COUNTRYSIDE, INC.

Principal Place of Business	Mailing Address
3231 MCMULLEN BOOTH RD SAFETY HARBOR FL 34695	P.O. BOX 1098 SAFETY HARBOR FL 34965

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business
21: 3513 SHORELINE CIRCLE
22: Suite, Apt. #, etc.
23: City & State: PALM HARBOR, FLORIDA
24: Zip: 34684
25: Country: PINELLAS

2a. Mailing Address
26: 3513 SHORELINE CIRCLE
27: Suite, Apt. #, etc.
28: City & State: PALM HARBOR, FLORIDA
29: Zip: 34684
30: Country: PINELLAS

4. FEI Number: 59-3068862 ☐ 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

M.Z. REGISTERED AGENT CORP.
2601 BAYSHORE DR.
STE. 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: ARIF ALIDINA
82 Street Address (P.O. Box Number is Not Acceptable): 3513 SHORELINE CIRCLE
83:
84 City: PALM HARBOR FL 85 Zip Code: 34684

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: Alex Rubin ARIF ALIDINA (DIRECTOR) 1/28/95
Signature of new or previous registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALIDINA, ARIF A.	1.2 NAME	
STREET ADDRESS	3231 MCMULLEN BOOTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Alex Rubin ARIF ALIDINA (DIRECTOR) 1/28/95 (813) 789-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481914 FP