

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V22079** (0)

1. Corporation Name
AAAA FINANCE CORP.

Principal Place of Business 25525 HWY 46 SUITE 1 SORRENTO FL 32776 US	Mailing Address P.O. BOX 1515 MOUNT DORA FL 32757-1515 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/18/1992	3a. Date of Last Report 02/22/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3119823	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81. Name Kay Hill 82. Street Address (P.O. Box Number is Not Acceptable) 25525 HWY 46, 83. 84. City Sorrento FL 85. Zip Code 32776
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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 *Kay W Hill* *Kay Hill* **4-29-97**
Signature, type or printed name of 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, KAY W.	1.2 NAME	
STREET ADDRESS	25525 HWY 46 STE 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	S/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, EUGENE G.	2.2 NAME	
STREET ADDRESS	25525 HWY 46 SUITE 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Mike Hill
STREET ADDRESS		3.3 STREET ADDRESS	2790 E. Crooked Lake Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mark Slagle
STREET ADDRESS		4.3 STREET ADDRESS	1627 SW 30th Ct
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala, FL 34474
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lance Hampton
STREET ADDRESS		5.3 STREET ADDRESS	6861 Sylvan Woods Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Lance Hampton* **4/29/97** **4/352-383-9001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)