

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V24839** (5)
1. Corporation Name
AMERICAN ASSOCIATION OF FLORIDA CORPORATION

Principal Place of Business Mailing Address
11212 ELMFIELD DR TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1992** 3a. Date of Last Report **06/14/1994**
4. FEI Number **59-3116545** 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**
9. This corporation has liability for intangible tax under S. 190.022, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent

ABUSAI, ELIAS
11212 ELMFIELD DR
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Elias Abusaid

4.27.95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	C
NAME	ELIAS, ABUSAI	NAME	MILLADE MY HARVEY
STREET ADDRESS	11212 ELMFIELD DR	STREET ADDRESS	11212 ELMFIELD DR
CITY, ST, ZIP	TAMPA FL	CITY, ST, ZIP	TAMPA FL 33625
TITLE	V	TITLE	
NAME	DAVIS, MICHELLE	NAME	
STREET ADDRESS	11212 ELMFIELD DR.	STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		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 110.07(3)(b), 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:

Elias Abusaid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.95

(83)961-3260

Date

Telephone (Area)