

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**11212 ELMFIELD DR
TAMPA FL 33625**

Mailing Address
**11212 ELMFIELD DR
TAMPA FL 33625**

3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, 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. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ABUSAD, ELIAS 11212 ELMFIELD DR TAMPA FL 33625		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
		FL	

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: _____ DATE: _____
Signature typed or printed name of registered agent and the date provided. (N/A) Registered Agent Signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	MILLADE, RAY HARVEY	1.2 NAME	ELIAS E. ABUSAD
STREET ADDRESS	11212 ELMFIELD DR	1.3 STREET ADDRESS	11212 ELMFIELD DR
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	TAMPA FL 33625
TITLE	V ☒ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	DAVIS, MICHELLE	2.2 NAME	CATILYN A. ABUSAD
STREET ADDRESS	11212 ELMFIELD DR.	2.3 STREET ADDRESS	11212 ELMFIELD DR
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA, FL 33625
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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)(k), 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

ELIAS ABUSAD 5-22-96 (813) 961-3260
Date Date/Time Phone #

CR2E034 (12/95)