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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62432

(2)

A-A SPEEDY OPENERS, INC.

FILED
May 13 1998 8:00am
Secretary of State

A TRANS BY BEING BY THE THE THE BY THE BY

'	e of Business	Mailing Address				
1315 FOXTRES TRAIL		A <del>502 CRIMSON COURT</del> GRLANDO FL <del>82808</del> - 1 "3 1 5" FOX TOUS TRAIL			DO NOT WRITE IN THIS SPACE	
	14, FL 32712-304	13 APOPHA	FL BATIL'S	3. Date Incorporated or Qualified 09/08/1992		
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	- FOXTACE TRAIL	26 1315 FOXTR	PE TRAIL	59-3135398	Not Applicable	
Sulte, Apt.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	·	City & State	•	6. Election Campaign Financing	<b>\$5.00</b> May Be	
	ka, FL	28 APOPHA, F		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa	d-a (−	
24 3271	12-343 25 USA 9 Name and Address of Curre	29 32712-3043	30 USA	Personal Property Tax due June 10. Name and Address of New Re		
		an negistered Agent	B1 Name	IO. Harris and Assessed Street	9.000,000,000	
	ATTUCK, DORIS G					
	2 CRIMSON CT		82 Street Address (P.O. Box Number is Not Acceptable)			
UKL	ANDO FL 32808		63	S PUNINE TRAIL		
			84 City	FA.	FL 85 Zip Code	
11. Pursuant te	to the provisions of Sections 607.05	o02 and 607.1508, Florida Statul	no the oboug named	corneration submits this statement for the	ourness of changing its registered	
office or re	egiste eri agent, or both, in the Stat	b) of Florida. Such change was a	authorized by the corp oride Statutes	poration's board of directors. Thereby acce	pt the appointment as registered	
agent. Lai	in tariffic with and accept the con	Chiloris Ch. Carachi Cor. Gaos.	original Statutes.			
	ベルガルオノゲノ ヘスト	211 . 12/				
SIGNATURE	Signature: type of or prese diname of regen red a	gent and the diapple able (NOT	E Registered Agent signature	required which reinstating)	DATE	
	Signature: typed or proted name of registered a	ND DIRECTORS	F Registered Agent signature	required which reinstatung)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
	Signature types or priva diname of negetices a OFFICERS A				CERS AND DIRECTORS IN 12	
12.	Signature types of purse of name of region of a Pict RS A  P  SHATTUCK, DORIS G	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition	
12,	Signature typica or purse of hance of region of the P  SHATTUCK, DORIS G  4502-CRIMSON CT-	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12  Change Addition	
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