

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 567209 (2)

1. Corporation Name
E.A.A. CORP.



Principal Place of Business: 1236 66 ST N, ST PETERSBURG FL 33710
Mailing Address: 1236 66 ST N, ST PETERSBURG FL 33710

3. Date Incorporated or Qualified: 03/29/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1805103
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: LEWIS, MARK R., 3000 66TH ST. N. SUITE B, ST. PETERSBURG FL 33710
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-STATE-ZIP		14. CITY-STATE-ZIP	
2. TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
3. TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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: Edward Ameen Pres. 1-19-96 813 3816400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)