

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89542** (1)

1. Corporation Name
AAA TRADECENTER, INC.

Principal Place of Business
**42160 U. S. HIGHWAY NORTH
TARPON SPRINGS FL 34689**

Mailing Address
**42160 U. S. HIGHWAY NORTH
SUITE 19
TARPON SPRINGS FL 34689-4133
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1987** 3a. Date of Last Report **01/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	42160 US Highway 19 North	26	42160 US Highway 19 North	59-2840335		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	Suite #19	27	Suite #19	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23	Tarpon Springs, FL	28	Tarpon Springs, FL				
24	Zip 34689	25	Country Pinellas, USA	29	Zip 34689	30	Country Pinellas, USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLIOTT, LINDA A. 42160 U. S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, LINDA A.	1.2 NAME	
STREET ADDRESS	1005 ANCLOTE DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	TARPON SPRINGS FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEID, NORMAN W.	2.2 NAME	
STREET ADDRESS	3024 ARBOR OAKS DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	TARPON SPRINGS FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEID, VIOLA M.	3.2 NAME	
STREET ADDRESS	3024 ARBOR OAKS DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	TARPON SPRINGS FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Linda A. Elliott* **Linda A. Elliott** 1/10/95 (813) 934-7676