

**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 # **J89542** (1)

1. Corporation Name  
**AAA TRADECENTER, INC.**



Principal Place of Business: **42160 US HIGHWAY 19 NORTH SUITE 19 TARPON SPRINGS FL 34689 US**  
Mailing Address: **42160 U. S. HIGHWAY NORTH SUITE 19 TARPON SPRINGS FL 34689-4133 US**

3. Date incorporated or Qualified: **08/25/1987**  
3a. Date of Last Report: **04/17/1995**

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

4. FEI Number: **59-2840335**  
Applied For:  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

9. Name and Address of Current Registered Agent  
**ELLIOTT, LINDA A.  
42160 U. S. HIGHWAY 19 NORTH  
TARPON SPRINGS FL 34689**

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 607.0502 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 or director DATE Registered Agent's signature must be dated when filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSV <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Elliott	4 2 NAME	
STREET ADDRESS	1005 Anclote Drive	4 3 STREET ADDRESS	
CITY-ST-ZIP	Tarpon Springs, FL 34689	4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Linda A. Elliott* 1/18/96 (813) 934-7676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Linda A. Elliott, President*

CR2E034 (12/95)