## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 852160

Principal Place of Business

STREET ADDRESS

CITY-ST-ZiP

AFSM INTERNATIONAL, INC.

| 1342 COLONIAL BLVD<br>#25<br>FT MYERS FL 33907 |  | 1342 COLONIAL BLVD<br>#25<br>FT MYERS FL 33907                    |                            | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  03/11/1982 |  |                    |                   |
|--|--|---|----------------------------|--|--|--------------------|-------------------|
| 2 Deignahmal Di                                | lace of Business+  | 2a. Mailing Address   |                            |  | 00/11/1302   | I Ac               | oplied For        |
| <del></del>                                    |  | 26  |                            | 59-1941188   | \  | ot Applicable      |                   |
| 21 Suite, Apt. #, etc.                         |  |   | Suite, Apt. #, etc.        |  |  | \$8.75             |                   |
| 22   |  | 27  |                            |  | 5. Certifcate of Status Desired  |                    | equired           |
| City & State                                   |  | City & State  |                            |  | 6. Election Campaign Financing   | \$5.00             | May Be            |
| 23   |  | 28  | 8                          |  | Trust Fund Contribution  | Added t            | - 1               |
| Zip Country                                    |  | Zip   | Zip Country                |  | 8. This corporation owes the current year  | r Intangible       |                   |
| 24   | 25 29 30   |   | 30                         |  | Personal Property Tax. ☐ Yes ☐ No  |                    |                   |
|  | 9. Name and Address of Current   | Registered Agent  |                            |  | 10. Name and Address of New Register   | red Agent          |                   |
|  |  |   | 81                         | Name   |  |                    | l                 |
| HEN.<br>1342                                   |  | 82  | Street A                   | ddress (P.O. Box Number is Not Acceptable)                               |  |                    |                   |
| FORT MYERS FL 33907                            |  |   | 83                         |  | -  |                    |                   |
|  |  |   | 84                         | City   |  | <b>FL</b> 85 Zip ( | Code              |
| office or re<br>agent. I as<br>SIGNATURE       | egistered agent, or both, in the State o<br>m familiar with, and accept the obligation<br>Signature, typed or printed name of registered agent | f Florida. Such change was aut<br>ons of, Section 607.0505, Flori | thorized by<br>da Statutes | the corpor   | orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the purpose accept the appropriate the purpose accept t | ppointment as re   | gistered          |
| 12.  | OFFICERS AND   | DIRECTORS   | 13.                        |  | ADDITIONS/CHANGES TO OFFICERS  |                    |                   |
| TITLE  | CEO  | ☐ DELETE  | 1.1 TITLE                  |  |  | Change             | ☐ Addition        |
| NAME   | HENAULT, DAVID   |   | 1.2 NAME                   |  |  |                    |                   |
| STREET ADDRESS                                 | 1342 COLONIAL BLVD., #25   |   | 1.3 STREE                  | ADDRESS  |  |                    |                   |
| CITY-ST-ZIP                                    | FORT MYERS FL 33907  |   | 1.4 CITY- S                |  |  |                    |                   |
| TITLE  | PC   | XX DELETE   | 2.1 TITLE                  |  | PC   | Change             | XXAddition (      |
| NAME   | SHOENEWALD, JOHN   |   | 2.2 NAME                   |  | Pickrel, Dennis  |                    |                   |
| STREET ADDRESS                                 | 1 IMATION PALCE BLDG 220-10  | W-0   | 2.3 STREE                  |  | 10601 Belmont Ave.   |                    | \                 |
| CITY-ST-ZIP                                    | OAKDALE MN 55128<br>S  |   | 2.4 CITY-                  | T-ZIP  | <u>Franklin Park, IL 60</u>  | 131                |                   |
| TITLE  |  |   | 3.1 TITLE                  | +  |  | ☐ Change           | Addition Addition |
| NAME   | BRAUN, JOHN  |   | 3.2 NAME                   |  |  |                    |                   |
| STREET ADDRESS                                 | , 10. 20., 40.0  |   |                            | ADDRESS  |  |                    |                   |
| CITY-ST-ZIP                                    |  |   | 3.4. CITY-                 | T- ZIP   |  | ☐ Change           | Addition          |
| TITLE  | •  |   | 41 TITLE                   |  |  | ☐ Change           |                   |
| NAME   |  |   | 4. 2 NAME                  |  |  |                    |                   |
| STREET ADDRESS                                 | P.O. BOX 500 (N/A)   |   |                            | ADDRESS  |  |                    |                   |
| CITY-ST-ZIP                                    | BLUE BELL PA 19424   | ☐ DELETE  | 4.4 CITY-5                 | T-ZIP  | ·-···  | Change             | Addition          |
| TITLE  |  |   | 5.1 TITLE<br>5.2 NAME      |  |  |                    |                   |
| NAME   |  |   |                            | T ADDRESS  |  |                    |                   |
| STREET ADORESS                                 |  |   | 5.4 CITY-5                 | 1  |  |                    |                   |
| CITY-ST-ZIP                                    |  | ☐ DELETE  | 6.1 TITLE                  | 1-71   |  | Change             | Addition          |
| TITLE<br>NAME                                  |  |   | 6.2 NAME                   |  |  |                    |                   |
| INAME 1  | i  |   |                            |  |  |                    |                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

David Henault CEO

4-28-99

(941)275-7887

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90038 034 \*\*\*150.00