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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000003871 (0)
1. Corporation Name
AFSMI FOUNDATION, INC.



Principal Place of Business: 1342 COLONIAL BLVD SUITE 25 FT MYERS FL 33907
Mailing Address: 1342 COLONIAL BLVD SUITE 25 FT MYERS FL 33907-1084

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
4. FEI Number: 65-0453189
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

Applied For: Not Applicable
7. Date of Last Report: 05/01/1996

9. Name and Address of Current Registered Agent
TRPIK, JOSEPH
1342 COLONIAL BLVD
SUITE 25
FT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name: DAVE HENAUPT
82 Street Address (P.O. Box Number is Not Acceptable): 1342 COLONIAL BLVD
83: STC 25
84 City: FT MYERS FL 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: David F. Henault DAVID F. HENAUPT 7.10.97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	CEO
NAME	HARRELL, RUSSELL	1.2 NAME	DAVID HENAUPT
STREET ADDRESS	2708 BRITTANY LANE	1.3 STREET ADDRESS	1342 COLONIAL BLVD #25
CITY-ST-ZIP	GARPEVINE TX 76051	1.4 CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	S	2.1 TITLE	PRES. & CHAIRMAN
NAME	CAGAN, DENNIS	2.2 NAME	REINHARD KLEIN
STREET ADDRESS	2220 SO BEVERLY GLEN, SUITE 308	2.3 STREET ADDRESS	TOUR DESCATES
CITY-ST-ZIP	LOS ANGELES CA 90064-2456	2.4 CITY-ST-ZIP	F-92066 PARIS FRANCE
TITLE	T	3.1 TITLE	SECRETARY
NAME	BOLETTIERI, GEORGE	3.2 NAME	N/A
STREET ADDRESS	11688 WINDCREST LANE	3.3 STREET ADDRESS	JOHN BRAUN
CITY-ST-ZIP	SAN DIEGO CA 82128	3.4 CITY-ST-ZIP	P.O. BOX 958
TITLE	D	4.1 TITLE	TREASURER
NAME	COWIE, JAMES	4.2 NAME	N/A
STREET ADDRESS	70 HIGGINBOTHAM RD	4.3 STREET ADDRESS	RICHARD GUENTHER
CITY-ST-ZIP	BYDE NSW 2112 AUSTRALIA	4.4 CITY-ST-ZIP	P.O. BOX 500
TITLE	D	5.1 TITLE	
NAME	GOMMERS, MAART	5.2 NAME	
STREET ADDRESS	P.O. BOX 10000 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NL-5680 DA BEST NETHERLANDS	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROCKS, FRANK	6.2 NAME	
STREET ADDRESS	6800 N MCCORMICK BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60645-2709	6.4 CITY-ST-ZIP	

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A. Henault
8/26/97

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)