

1-31-95 B-695-C 200.00
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JAN 31 AM 9:04

DOCUMENT # S43446 (1)
 1/ Corporation Name
 A.F.P., INC.

Principal Place of Business Mailing Address
 P.O. BOX 683 P.O. BOX 683
 POMPANO BEACH FL 33061 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE.

3/ State Incorporated or Qualified 04/04/1991 3a/ Date of Last Report 04/29/1994
 4/ FEI Number 65-0255272 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
 7/ This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9/ Name and Address of Current Registered Agent
 PAVELKA, ANTHONY F.
 982 S. DIXIE HWY. EAST
 POMPANO BEACH FL 33060

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (If 2/11: Registered Agent signature required when reinstating) DATE _____

12/ OFFICERS AND DIRECTORS

TITLE	P
NAME	PAVELKA, ANTHONY F.
STREET ADDRESS	P.O. BOX 683 (N/A)
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V
NAME	O'BREIN, SANDRA M
STREET ADDRESS	780 S. FAIRWAY DR.
CITY-ST-ZIP	PLANTATION FL
TITLE	S
NAME	O'BRIEN, THOMAS J
STREET ADDRESS	780 S. FAIRWAY DR.
CITY-ST-ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELETE
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Anthony Pavelka 1-25-95 (305) 942-2261
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANTHONY PAVELKA