

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000078431 (2)**

1. Corporation Name  
**AFS MANAGEMENT GROUP, INC.**



Principal Place of Business  
**705 S STATE RD 7  
MARGATE FL 33068  
US**

Mailing Address  
**705 S STATE RD 7  
MARGATE FL 33068-2803  
US**

3. Date Incorporated or Qualified  
**11/12/1993**

3a. Date of Last Report  
**07/17/1996**

4. FEI Number  
**65-0449745**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

**9. Name and Address of Current Registered Agent**

**LAZARO, SPIRO  
2871 NE 18TH ST  
POMPANO BEACH FL 33062**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARO, SPIRO</b>	
STREET ADDRESS	<b>1655 SOUTH STATE ROAD 7</b>	
CITY-ST-ZIP	<b>N. LAUDERDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTINEZ, HENRY</b>	
STREET ADDRESS	<b>1665 S STATE ROAD 7</b>	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LAZARO, WENDY</b>	
STREET ADDRESS	<b>2871 NE 18TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PANAGIOTA, AMANNA</b>	
STREET ADDRESS	<b>6730 KIMBERLY BLVD</b>	
CITY-ST-ZIP	<b>N LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LAZARO, SPIRO</b>	
1.3 STREET ADDRESS	<b>705 S. STATE ROAD 7</b>	
1.4 CITY-ST-ZIP	<b>MARGATE, FL 33068</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARTINEZ, HENRY</b>	
2.3 STREET ADDRESS	<b>705 S. STATE ROAD 7</b>	
2.4 CITY-ST-ZIP	<b>MARGATE, FL 33068</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LARRY COURTHAY</b>	
5.3 STREET ADDRESS	<b>705 S. ST 7</b>	
5.4 CITY-ST-ZIP	<b>MARGATE, FL 33068</b>	
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 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.

SIGNATURE: \_\_\_\_\_ DATE: **4-16-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)