09/13/1999 11:16 8138765136 JUDITH CORNELIUS CPA PAGE 01

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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 10 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **413946**

1. Corporation Name
AFFILIATED RESOURCES CORPORATON

Principal Place of Business
2005 PAN AM CIRCLE
TAMPA FL 33607

Mailing Address
2005 PAN AM CIRCLE
TAMPA FL 33607

3. Date Incorporated or Qualifed
12/04/1972

4. FEI Number
59-1442056
Applied For
Not Applicable

2. Principal Place of Business
21 5020 GUNN HWY.
Suite, Apt. #, etc.
22 STE. 240
City & State
23 TAMPA, FL
Zip
24 33624
Country
25 U.S.A

2a. Mailing Address
26 5020 GUNN HWY.
Suite, Apt. #, etc.
27 STE. 240
City & State
28 TAMPA, FL
Zip
29 33624
Country
30 U.S.A.

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DIAZ,H J
2005 PAN AM CIRCLE
TAMPA FL 33607

10. Name and Address of New Registered Agent
81 Name CUNILL, B.C.
82 Street Address (P.O. Box Number Is Not Acceptable)
83 5020 GUNN HWY.
STE. 240
84 City TAMPA FL 85 Zip Code 33624

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 B. CUNILL PRESIDENT 10/19/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	DIAZ,H J	
STREET ADDRESS	2005 PAN AM CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	SECKINGER,A.H.	
STREET ADDRESS	2005 PAN AM CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	CUNILL,B.C.	
STREET ADDRESS	2005 PAN AM CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Add
1.2 NAME	CUNILL, B.C.	
1.3 STREET ADDRESS	5020 GUNN HWY.- STE 240	
1.4 CITY-ST-ZIP	TAMPA, FL 33624	
2.1 TITLE	TREASURER	☒ Change ☐ Add
2.2 NAME	SECKINGER, A. H.	
2.3 STREET ADDRESS	5020 GUNN HWY. - STE 240	
2.4 CITY-ST-ZIP	TAMPA, FL 33624	
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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.

SIGNATURE: B. CUNILL 10/19/99 813/260-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #