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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 678359

(1)

FILED Apr 24 1997 8:00am Secretary of State

A.F.C. SYSTEMS, INCORPORATED Principal Place of Business							
DINIBON IL GOOD				3. Date Incorporated or Qualified 07/15/1980	3a. Date of 05/01/		port
2. Principal Place of		2a. Mailing Address	D 1	4. FEI Number 59-2011904			lied For
1 8020 Suite, Apt. #, etc.	EAST Broadway	26 800 EAST Suite, Apt. #, etc.	picuauxy_	59-2011904		8.75 Ad	Applicable
2	J	27		5. Certificate of Status Desired		Fee Req	
City & State 3 TAMPA	FL	City & State TAMPA	FL	6. Election Campaign Financing Trust Fund Contribution		5.00 N Added to	
Zip	Country	Zip	Country Sol USA	8. This corporation has liability for			199.032,
1 33619	25 USA Name and Address of Current		30 USH	Florida Statutes 10. Name and Address of New Re	Yes N		
		r Hegistered Agent	81 Name	1U. Name and Address Of New Ho	egistereo Ager	11	
	ON, DAVID T.						
	CMULLEN LOOP		82 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
KIVEHVIE	W FL 33569		83	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	\wedge						
		Λ	84 City		FL 85	Zip Co	ode
office or register	provisions of Sections 607.0592	of Florida, Such change was a	s, the above-harned corp	poration submits this statement for the	purpose or cha	nent as re	registered edistered
CIONAZURE L	flias with, and except the obliga	MO3	rida Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	4//4/7	2	
SIGNATURE Signal	Will Will	nt and titl ill applicable. (NOTE:			Y//4/7 DATE	2	
SIGNATURE Signal	or special complete and agent of the complete	nt and titl ill applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)	DATE CERS AND DIR	2 RECTORS	IN 12
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amormation indicated on this agricult griport of supplemental amplan report is true and accurate and mat my signature shall have the same legal effect as if made under of Lam an officer or director of the confirmation 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 glianged on an attagramment with an address.

SIGNATURE: