SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $325 (IF RECEIVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:13

DOCUMENT # **F92000000692 (5)**

1. Corporation Name
AFFINITY MARKETING, INC.

Principal Place of Business	Mailing Address
306 S. FEDERAL HWY. BOCA RATON FL 33432	306 S. FEDERAL HWY. BOCA RATON FL 33432

eff. 8-11-95

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 07/25/1994

2. Principal Place of Business
21: 1700 N. Dixie
Suite, Apt. #, etc.
22: #128
City & State
23: Boca Raton, FL
Zip 24: 33432 County 25: Palm Bch

2a. Mailing Address
26: 1700 N. Dixie
Suite, Apt. #, etc.
27: #128
City & State
28: Boca Raton, FL
Zip 29: 33432 County 30: Palm Bch

4. FEI Number: 84-1150731 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAXTER, JACK A JR
4530 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Sandra L. Wilson
82 Street Address (P.O. Box Number is Not Acceptable): 1700 N. Dixie #128
83:
84 City: Boca Raton FL 85 Zip Code: 33432

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: Sandra L. Wilson — Sandra L. Wilson — 7-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, SANDRA L	1.2 NAME	
STREET ADDRESS	3207 LEIGH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, LINDA D	2.2 NAME	
STREET ADDRESS	6739 3RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COPE CO 80812	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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 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: Sandra L. Wilson — 7-27-95 — 407-368-4534
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SANDRA L. WILSON

0086390 CP