FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000002445 (5)**

1. Corporation Name
AFFIRMATIVE DEVELOPMENT CORPORATION

Principal Place of Business
120 WOOSTER STREET
NEW YORK NY 10012

Mailing Address
5955 T. G. LEE BLVD
SUITE 150
ORLANDO FL 32822
US

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 08/14/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26: 5850 T.G. Lee Blvd.
Suite, Apt. #, etc. — 27: 650
City & State — 28: Orlando, FL
Zip — 29: 32822 — Country — 30: USA

4. FEI Number: 13-3112980 — 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
JUBELT, PAUL C
5955 T G LEE BLVD
SUITE 150
ORLANDO FL 32822

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5850 T.G. Lee Blvd.
83 Suite 650
84 City: Orlando — FL — 85 Zip Code: 32822

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: Paul C. Jubelt — PAUL C. Jubelt (Signature of typed or printed name of registered agent as it appears above) (NOTE: Registered Agent signature required below for filing) — DATE: 4/18/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NICKORSON, ADAMS		1.2 NAME		
STREET ADDRESS	120 WOOSTER ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10012		1.4 CITY-ST-ZIP		
TITLE	VCP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JUBELT, ANDREW D		2.2 NAME		
STREET ADDRESS	120 WOOSTER ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10012		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HRVATIN, JOHN J		3.2 NAME	900001818199	
STREET ADDRESS	120 WOOSTER ST		3.3 STREET ADDRESS	-05/13/96--01028--048	
CITY-ST-ZIP	NEW YORK NY 10012		3.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

AM 5-1-96

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)(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 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: Andrew D Jubelt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Andrew D. Jubelt — Date: 4/23/96 — Daytime Phone #: 212-925-8600

CR2E034 (12/95)