

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002445 (5)  
1. Corporation Name

AFFIRMATIVE DEVELOPMENT CORPORATION

Principal Place of Business

120 WOOSTER STREET  
NEW YORK NY 10012

Mailing Address

5850 T. G. LEE BLVD  
SUITE 650  
ORLANDO FL 32822  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 Suite, Apt. #, etc.	26 5850 T.G. Lee Blvd.	05/25/1993	13-3112980
22 City & State	27 Suite 300	5. Certificate of Status Desired <input type="checkbox"/>	Applied For <input type="checkbox"/>
23 Zip	28 Orlando FL	8.75 Additional Fee Required	Not Applicable
24 Country	29 32822 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JUBELT, PAUL C  
5850 T G LEE BLVD  
SUITE 650  
ORLANDO FL 32822

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 Suite 300  
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

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	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRVATIN, JOHN J	3.2 NAME	
STREET ADDRESS	120 WOOSTER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10012	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

2/18/98 212-925-9000

CR2E034 (10/97)