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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001578 (3)

AFFINITY BOOKS, INC.

Principal Place of Business	Mailing Address		
2435 MINTH STREET NORTH	2435 NINTH STREET NORTH		
ST. PETERSBURG FL 33704	ST. PETERSBURG FL 33704		
US	US		

**FILED** May 11 1998 8:00am Secretary of State

ALI IIII	1 books, inc.					
Principal Place	of Business	Mailing Address				L UNDANDE ANNO MENAL MUNAL MUNAL MENAL MUNAL MUNAL ALEGAL BARRE REPORT IDAN MUNAL
2435 MINTH STREET NORTH 2435 NINTH STREET NORT		)RTH				
ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33						
US		US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/29/1994
2, Principal Place of Business 2a, Mailing Address						4. FEI Number Applied For
21 26 Suite. Apt. #. etc. Suite. Apt. #, etc.						36-3942384   Not Applicable   \$8.75 Additional
						5. Certificate of Status Desired Fee Regulred
27						6. Election Campaign Financing \$5.00 May Be
23	,	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
	g. Name and Address of Current		1771	Γ.		10. Name and Address of New Registered Agent
	RPORATION SERVICE COMPANY			81	Name	
	1 HAYS ST.			82	Ctroot Addres	Iress (P.O. Box Number is Not Acceptable)
1	LAHASSEE FL 32301			02	Street Addre	iress (P.O. Box Number is Not Acceptable)
	24 Brooce i e ozoo.			83		
					<u> </u>	let 7:- Code
				84	City	FL 85 Zip Code
office or re	e <b>pister</b> ed agent, or both, in the State c	of Florida. Such change was	authorize	d by	the corporation	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I ar	m <b>'fam</b> iliar with, and accept the obligat	lions of, Section 607.0505, F	iorida Sta	tutes	5.	
SIGNATURE	Signature, typed or printed name of registered agen	t must belong anything the (NO	III Bonistere	d Ann	nol s constute require	ited when reinstating) DATE
12.	OFFICERS AND	_ <del></del>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 T	TLE		Change Addition
NAME	CHASM, THOMAS		12 N	AME	į.	
STREET ADDRESS	2040 BRIGHTWATERS BLVD. N	N.E.	1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 0	ITY-S	T-ZIP	
TITLE	DS	DELETE	2.11			Change Addition
NAME	SANDERSON, ROBERT		2.2 N	AME	1	
STREET ADDRESS	2040 BRIGHTWATER BLVD. N.	E.	2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		2.40	CITY - S	ST - ZIP	
TITLE		DELETE	3.1 T	ITLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP		<u>-</u>	3.4. (	CITY- S	ST-ZIP	
TITLE		☐ DELETE	4.1 T	ITLE	7	Change Addition
NAME			4. 2 1	MAME		
STREET ADDRESS			4.3 \$	TREE1	ADDRESS	
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 7	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ITY - S	T-ZIP	
TITLE		DELETE	617	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP			6.4 0	HTY-S	T - Z(P	
14. I hereby o	certify that the information supplied wit	th this filling does not qualify.	for the ex	emp	tion stated in S	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.