FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003871 (0)

1. Corporation Name
AFSMI FOUNDATION, INC.

Principal Place of Business	Mailing Address
1342 COLONIAL BLVD SUITE 25 FT MYERS FL 33907	1342 COLONIAL BLVD SUITE 25 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report:
4. FEI Number: 65-0453189 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TRPIK, JOSEPH
1342 COLONIAL BLVD
SUITE 25
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

500001521425
-06/23/95--01009--026
****130.00 ****130.00

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	CP XX Change ☐ Addition
NAME	SCHOEVERS, LEO	12 NAME	Russell Harrell
STREET ADDRESS	90 BASTION VUGHT 5	13 STREET ADDRESS	2708 Brittany Lane
CITY-ST-ZIP	NL 5211 CZ DON BOSCH	14 CITY-ST-ZIP	Grapevine, TX 76051
TITLE	D	21 TITLE	S XX Change ☐ Addition
NAME	COWIE, JAMES G	22 NAME	Dennis Cagan
STREET ADDRESS	70 HIGGINBOTHAM RD	23 STREET ADDRESS	2220 So Beverly Glen, Suite 308
CITY-ST-ZIP	RYDE NSW 2112 AUSTRALIA	24 CITY-ST-ZIP	Los Angeles, CA 90064-2456
TITLE	D	31 TITLE	T XX Change ☐ Addition
NAME	WINDAL, JEAN-PIERRE	32 NAME	George Bolettieri
STREET ADDRESS	CHAUSSEE DE BRUXELLES 135	33 STREET ADDRESS	11668 Windcrest Lane
CITY-ST-ZIP	B-1310 LA HULPE BELGIUM	34 CITY-ST-ZIP	San Diego, CA 92128-4277
TITLE	V	41 TITLE	D X Change ☐ Addition
NAME	TRPIK, JOSEPH	42 NAME	James Cowie
STREET ADDRESS	1342 COLONIAL BLVD, SUITE 25	43 STREET ADDRESS	70 Higginbotham Rd.
CITY-ST-ZIP	FT MYERS FL 33907	44 CITY-ST-ZIP	Ryde NSW 2112 Australia
TITLE	ST	51 TITLE	D X Change ☐ Addition
NAME	HARRELL, RUSSELL	52 NAME	Maart Gommers
STREET ADDRESS	2300 VALLEY VIEW LANE #200	53 STREET ADDRESS	P.O. Box 10000
CITY-ST-ZIP	IRVING TX 75062	54 CITY-ST-ZIP	NL-5680 DA Best THE NETHERLANDS
TITLE	REMITTED BY MAY 1	61 TITLE	D X Change ☐ Addition
NAME		62 NAME	Frank Rocks
STREET ADDRESS		63 STREET ADDRESS	6800 N. McCormick Blvd.
CITY-ST-ZIP		64 CITY-ST-ZIP	Chicago, IL 60645-2709

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph R. Trpik 4/17/95 813-275-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069435