

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

FS. 182

DOCUMENT # F94000005202 (6)

1. Corporation Name

AFLOW INC



Principal Place of Business

120 NW 12 AVE.  
DEERFIELD BEACH FL 33442

Mailing Address

120 NW 12 AVE.  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

3. Date Incorporated or Qualified  
10/06/1994

3a. Date of Last Report  
05/01/1995

4. FET Number

65-0523427

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

10. Name and Address of New Registered Agent

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 the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>NIXON, MICHAEL</del>	
STREET ADDRESS	120 NW 12 AVE.	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	<del>ALLEN, A T</del>	
STREET ADDRESS	120 NW 12 AVE.	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
TITLE	EVGC	<input checked="" type="checkbox"/> DELETE
NAME	<del>BROWN, COLIN</del>	
STREET ADDRESS	120 NW 12 AVE.	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<del>WHELAN, JOHN J</del>	
STREET ADDRESS	120 NW 12 AVE.	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	<del>BROWDY, ALAN</del>	
STREET ADDRESS	120 NW 12 AVE.	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	<del>OSSENBECK, PATRICK</del>	
STREET ADDRESS	120 NW 12 AVE.	
CITY-STATE-ZIP	DEERFIELD BEACH FL 33442	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 my attachment with an address.

SIGNATURE: *Teresita Glasgow* Teresita Glasgow 3/27/94 (212) 361-2534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Day, Month, Year, Phone #

CR2E034 (12/95)

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AFLOW INC.  
OFFICER AND DIRECTOR LIST

ALL OFFICERS AND DIRECTORS LOCATED AT:  
FIRST TRUST NEW YORK,  
100 WALL STREET, SUITE 1600  
NEW YORK, NY 10005

DIRECTOR/OFFICERS

KEY SYMBOLS

DP

TERRY L MCROBERTS

PRESIDENT/DIRECTOR

DVP

DAVID K. LEVERICH

VICE PRESIDENT/DIRECTOR

DVP

PATRICK J. CROWLEY

VICE PRESIDENT/DIRECTOR

DT

TERESITA GLASGOW

TREASURER/DIRECTOR

DS

CATHERINE F. DONOJUE

SECRETARY/DIRECTOR