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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400005202 (6)

AFLOW INC

Sulte, Apt. #, etc.

City & State

Principal Place of Business	Mailing Address
120 NW 12 AVE. DEERFIELD BEACH FL 33442	120 NW 12 AVE. DEERFIELD BEACH FL 33442-1702
2, Principal Place of Business	2a, Mailing Address

Suite, Apt. #, etc.

City & State

3. Date Incorporated or Qualified

10/06/1994

65-0523427

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

FILED

Apr 03 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

04/02/1996

23		[28]					Trust Fund Contribution	<u> </u>	Added	to Fees		
Zip	Country	Zip		Country		8	3. This corporation has liat	bility for intangible	tax under s	. 199.032,		
24	25		30				Florida Statutes	☐ Yes 🔿	No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent 1 Name						
CT CORPORATION SYSTEM					Name							
1200 S. PINE ISLAND RD.					Street	Address ((P.O. Box Number is Not A	Acceptable)				
PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)							
				83								
				84	City				1001 7	O- 1		
				644	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 regisl	tored soont and little if applicable	(NOTE Rec	istered Age	nl s onalure	c required who	en reinstating)	DATE				
12.		RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO		DIRECTOR	RS IN 12		
TITLE	DP			1.1 YOLE		/	, as a substitution of the	O OTT TOESTO FAIL	Change	Addition		
NAME	MCROBERTS, TERRY L.			1.2 NAME		1	CAL	,	-			
STREET ADDRESS					ADDRESS	1 De	er Attach	el				
CITY-ST-ZIP	DEFECTE DE DE LOI E			1.4 CITY - S	1 - 71P							
TITLE	DVP			2.1 TITLE		/			Change	Addition		
NAME	LECERICH, DAVID K.			2.2 NAME		<u> </u>						
STREET ADDRESS	155 5547 45 5149			2.3 \$1REE1	ADDRESS	1						
CITY-ST-ZIP	DEPOSICIO DEACH EI		2. 4 CITY - 5		ļ							
TITLE	DVP			3.1 TITLE	<u> </u>	1			Change	Addition		
NAME	CROWLEY, PATRICK J.			3.2 NAME								
STREET ADDRESS	*** **** ** **		:	3.3 STREET	ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL			3.4. C)TY - S								
TITLE	DELETE DELETE			4.1 TITLE		1			Change	Addition		
NAME	GLASGOW, TERESITA			4. 2 NAME								
STREET ADDRESS				4.3 STREFT	ADDRESS	i						
CITY-ST-ZIP	DEERFIELD BEACH FL			44 CHY-S	I - 7/P	İ						
TITLE	DŜ			51 TITLE					Change	Addition		
NAME	DONOJUE, CATHERINE			5.2 NAME		,			-			
STREET ADDRESS				5.3 STREET	ADDRESS							
CITY-ST-ZIP	DEERFIELD BEACH FL			5.4 CITY-S	T-ZIP							
TITLE				61 TITLE		<u> </u>			Change	Addition		
NAME				6.2 NAME								
STREET ADDRESS	s			6.3 STREET	ADDRESS							
CITY-ST-ZIP			4	6.4 CITY - S								
14 I do her	eby certify that the information s	upplied with this filing do	oes not qualify for	the exe	niption s	lated in S	oction 119.07(3)(i), Florida	Statutes. I furthe	r certify that	the		
informat	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 mation 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											

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 ghanged, or on an attachment with an address.

KEY TO SYMBOLS USED

C = CHAIRMAN OF THE BOARD

P = PRESIDENT

CFO = CHIEF FINANCIAL OFFICER

CAO = CHIEF ACCOUNTING OFFICER

EV = EXECUTIVE VICE PRESIDENT

SV = SENIOR VICE PRESIDENT

V = VICE PRESIDENT

AV = ASSISTANT VICE PRESIDENT

GC = GENERAL COUNSEL

S = SECRETARY

AS = ASSISTANT SECRETARY

T = TREASURER

AT = ASSISTANT TREASURER

GM = GENERAL MANAGER

AGM = ASSISTANT GENERAL MANAGER

D = DIRECTOR