

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000273 (1)

1. Corporation Name

AFT-MAR, INC.



Principal Place of Business

Mailing Address

2301 W. SAMPLE RD. B-3 S-1A
POMPANO FL 33073

2301 W. SAMPLE RD. B-3 S-1A
POMPANO FL 33073

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

S-1B

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

S-1B

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

38-2791239

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. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

SESKIN, SANFORD
2301 W. SAMPLE RD B-3 S-1A
POMPANO FL 33073

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of person performing registration and the filing of this statement

Signature of Registered Agent (Signature Required when becoming Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

SESKIN, SANFORD

STREET ADDRESS

17032 NORTH WAY CIRCLE

CITY-ST-ZIP

BOCA RATON FL

TITLE

VP

☐ DELETE

NAME

Tracy Fogarty

STREET ADDRESS

9398 Fox Trot Lane

CITY-ST-ZIP

Boca Raton, FL 33496

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 president 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

977-0006

Do Not Place #

CR2E034 (12/95)