

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90186 028 ***158.75

DOCUMENT # F98000004909

1. Corporation Name

AFFINITY MEMORY & MICRO, INC.

Principal Place of Business

23035 DOUGLAS CT., SUITE 124
DULLES VA 20166

Mailing Address

23035 DOUGLAS CT., SUITE 124
DULLES VA 20166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

54-1887986

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 owes the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

21 15950 BAY VISTA DR

2a. Mailing Address

26 6047 BAHIA DELMAR BLVD

Suite, Apt. #, etc.

22 270

Suite, Apt. #, etc.

27 265

City & State

23 CLEARWATER FL

City & State

28 ST. PETERSBURG, FL

Zip

24 33760

Country

25 PINELLAS

Zip

29 33715

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

TRUSIAK, MICHAEL A
15950 BAY VISTA DR SUITE 270
CLEARWATER FL 33760

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCT
NAME TRUSIAK, MICHAEL A
STREET ADDRESS 122 SULGRAVE COURT
CITY-ST-ZIP STERLING VA 20165

☐ DELETE

TITLE V
NAME CROMPTON, JOANNE
STREET ADDRESS 6047 BAHIA DEL MAR BLVD #265
CITY-ST-ZIP ST. PETERSBURG FL 33715

☐ DELETE

TITLE S
NAME RULEMAN, MARIA
STREET ADDRESS ROUTE 3 BOX 195A
CITY-ST-ZIP DAYTON VA 22821

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6047 BAHIA DELMAR BLVD #265
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33715

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE: *Michael A. Trusiak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 727-536-2600
Date Daytime Phone #

0414645

CR2E034 (11/98)