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

## PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham 🦏

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G47158** 

(2)

## FILED May 06 1997 8:00am Secretary of State

AFRICAN FORMULA PRODUCTS, INC.  Principal Place of Business  Mailing Address  802 N.W. 9TH AVE.  GAINESVILLE FL 32601  AMAILING ADDRESS  P.O. BOX 21675  GAINESVILLE, FL 32604									
						<ol> <li>Date Incorporated or Qualifie 07/01/1983</li> </ol>		te of Last Ro <b>9/1996</b>	∍port ·
2. Principal	Place of Business		2a. Mailing Address			4. FEI Number	<u></u>		plied For
14615	NW 6th S	treet	26			59-2444578		No	t Applicable
Suite, Apr	J		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Sta			City & State	·		6. Election Campaign Financing	}	\$5.00	May Be
23 <b>Ga</b>	inosville, f	<u>:( ,</u>	28			Trust Fund Contribution		Added t	
Zip	Countr	y	Zıp	Countr	У	8. This corporation has liability			199.032,
24 326	0/ 25 (	YPU	29	[30]		Florida Statutes	☐ Yes ☐	<del>"</del>	***************************************
	y. Name and Addre		t Hegistered Agent	8	I Name	10. Name and Address of New	Hegistered A	gent	
	hith, adeyemi ademo	)LA		Ľ	140000				
	07 N.W. FIFTH AVE.			8:	Street Add	dress (P.O. Box Number is Not Accep	ot <b>a</b> ble)		
GA	INESVILLE FL 32601			ā	3			<del></del>	
				8-	4 City		FL	85 Zip (	Code
11. Pursuan	t to the provisions of Sect	tions 607.0502	2 and 607.1508, Florida State	ites, the abo	ve-named co	rporation submits this statement for the	e purpose of	changing its	s registered
agent I	am familiar with, and acc	ept the obliga	ations of, Section 607.0505, F	lorida Statut	9 <b>5</b> .	ation's board of directors. I hereby ad	cabi the appi	MINICIA NO	registereu
SIGNATURE									
	Signature, typed or pricted name				gent signature requ	ulred when reinstating)	DATE CAND	DIDECTOR	0 141 40
12.	I P	FFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO O	FICERS AND	Change	S IN 12 Addition
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STREET ADDRESS	<del>-</del>		ET		i				
	GAINESVILLE FL	DANT STALL							
CHY-ST-ZIP	VT		<del>-</del> '		ET ADDRESS				
NAMÉ	1 ''			1.4 CITY-	ST-ZIP			Change	Addition
MUN.C	I CMITH MIRCHAL A	.IR	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP			Change	Addition
CTOSEL ANTHOUGH	SMITH, ROBERT A.	•		1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP	······································	***************************************	Change	Addition
STREET ADDRESS	903 S BOUNDARY	•		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ST-ZIP		707	Change	Addition
STREET ADDRESS CHY-SI-ZiP TITLE	903 S BOUNDARY ARCHER FL	•		1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP  ET ADDRESS -ST-ZIP			☐ Change ☐ Change	
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CHY-SI- <i>Zi</i> P TITLE	903 S BOUNDARY ARCHER FL S RIVERS, CATHY	ST	☐ DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STAEL 2.4 CITY 3.1 TITLE 3.2 NAME	ST-ZIP  ET ADDRESS -ST-ZIP				
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4. I do 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 eath; 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 changed, or all attachment with an address.

SIGNATURE

Date Dayling Phone