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

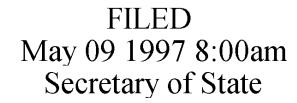
DOCUMENT # G92849

(0)

Corporation Name

A-F ASSOCIATES, INC.

,,



AT MOS	OUMIES	, IIVO:							
Principal Plac	e of Busines	\$	Mailing	Address					
48 COLONY POINT DRIVE 48 COLONY POINT DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-5028									
								3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Busin	ness	2a. Mailing Address					4. FEI Number Applied For	
21			26					59-2473905 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired See Regulred Fee Regulred	
City & State	е		City & State			*****		6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip Country		<u> </u>	Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	24 25		29 Current Registered Agent		30	30		Florida Statutes Yes No 10, Name and Address of New Registered Agent	
DECI			it negistered	Agent		81	Name	10, Maine and Address of New Registered Agent	
BECKER, CHARLES PHILIP 48 COLONY POINT DRIVE									
PUNTA GORDA FL 33950				82		Street Ad	dress (P.O. Box Number is Not Acceptable)		
1 511	in donor	1 2 00000				83	·		
						84	City	85 Zip Code	
							1	FL	
11, Pursuant office or r agent. La	to the provis registered ag ım familiar w	ions of Sections 607.050 jent, or both, in the State ith, and accept the oblig	l2 and 607.15 ⊢of Florida. Sc ations of, Sec	08, Florida Statu uch change was tion 607,0505, F	ites, the at authorized lorida Stat	oove o by utos	e-named co y the corpor s.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE									
	Signature, typed	or printed harne of registered age				d Age	ent signature req	pared when reinstaling) DATE	
12.	PD	OFFICERS AN	DDIRECTOR	S DELETE	13. 1.1 10	— D F	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME		CHARLES P.			1.2 N		}	C. Onlings C. Toomon	
		NY POINT DRIVE					I ADDRESS		
CITY-ST-ZIP	PUNTA G						ST - ZIP	Í	
TITLE				DELETE	2111	ILE		Change Addition	
NAME					22 N	AME			
STREET ADDRESS					2.3 51	REET	ADDRESS		
CITY-ST-ZIP							ST-ZIP		
TITLE			☐ DELETE			3.1 TITLE		Change Addition	
NAME	i				3.2 (1)				
STREET ADDRESS					II -		I ADDRESS		
CITY-ST-ZIP TITLE			DELETE		34. CITY-ST-ZIP		Change Addition		
NAME					4, 2 NAME				
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP							61-7IP		
TITLE				DELETE 5.1 THE			1	Change Addition	
NAME					52 N	IME			
STREET ADDRESS					5351	REET	AUDRESS		
CITY-ST-ZIP					5.4 DI	5.4 DITY-ST-ZIP			
TITLE				DELETE	6.1 T I	TLE		Change Addilion	
NAME					6.2 NA	AM:E			
STREET ADDRESS	l				6.3 \$1	REET	ADDRESS		
CITY-ST-ZIP					6.4 CI	1Y-S	81 - ZIP		

14. I do hereby certify that the information supplied with this filing doos 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE (PALYXVIVI) 100. PHOINE BFOKER 14/21/97 941-637-814