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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 APR 14 PM 3:39

DOCUMENT # H10559 (3)

1. Corporation Name

AMERICAN FINANCIAL NETWORK, INC.

Principal Place of Business	Mailing Address
7601 N. FEDERAL HWY. SUITE #210 BOCA RATON FL 33487	7601 N. FEDERAL HWY. SUITE #210 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2502541 ☐ 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. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2424 North Federal Highway	26 2424 North Federal Highway
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip 24 33431 · Country 25 Palm Beach	Zip 29 33431 · Country 30 Palm Beach

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAZINETZ, AUSTIN C/O AMERICAN FINANCIAL NETWORK, INC. 7601 N FEDERAL HWY STE 210 BOCA RATON FL 33487	81 Name: Kazinetz, Austin 82 Street Address (P.O. Box Number is Not Acceptable): 2424 North Federal Highway 83 Suite 400 84 City: Boca Raton FL 85 Zip Code: 33431

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 Austin Kazinetz President DATE 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1 1 TITLE	☐ Change ☐ Addition
NAME	KAZINETZ, FRANCIE L.	1 2 NAME	
STREET ADDRESS	6083 VISTA LINDA LANE	1 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1 4 CITY-ST-ZIP	
TITLE	PSD	2 1 TITLE	☐ Change ☐ Addition
NAME	KAZINETZ, AUSTIN J.	2 2 NAME	
STREET ADDRESS	6083 VISTA LINDA LANE	2 3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Austin Kazinetz President 4/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0878313 CP