

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J50585 (5)

1. Corporation Name

AFI, INC.



Principal Place of Business

Mailing Address

4830 W KENNEDY BLVD
SUITE 830
TAMPA FL 33609

4830 W KENNEDY BLVD
SUITE 830
TAMPA FL 33609

2. Principal Place of Business

2a. Mailing Address

21 5835 Memorial Highway

26 P. O. Box 261825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 18

27

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33615

25

USA

29 33685

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAGEARD, LYNNE K

~~4830 W KENNEDY BLVD~~
SUITE 830
TAMPA FL 33609

81 Name

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

5835 Memorial Highway, Suite 18

83

84 City

Tampa

FL

85 Zip Code

33615

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 607.0506, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KREIS, KLAUS
STREET ADDRESS ~~4830 W KENNEDY BLVD~~
CITY-ST-ZIP TAMPA FL

☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

TITLE VST
NAME BAGEARD, LYNNE K.
STREET ADDRESS ~~4830 W KENNEDY BLVD~~
CITY-ST-ZIP TAMPA FL

☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-882-9533

CR2E034 (12/95)