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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
5838 MEMORIAL HIGHWAY SUITE #18 TAMPA FL 33615 US	P.O. BOX 261825 ~~SUITE 830~~ TAMPA FL 33685-1825 US

3. Date Incorporated or Qualified: **12/29/1986**
3a. Date of Last Report: **02/16/1996**
4. FEI Number: **59-2765502** [ ] 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 unpaid sales tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 5835 MEMORIAL HIGHWAY	26 P.O. Box 261825
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 18	27
City & State	City & State
23 TAMPA FL	28 TAMPA FL
Zip 24 33615 Country 25 U.S.A.	Zip 29 33685-1825 Country 30 USA

9. Name and Address of Current Registered Agent
BAGEARD, LYNNE K
5835 MEMORIAL HIGHWAY
SUITE #18
TAMPA FL 33615

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 607.1008, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	KREIS, KLAUS		12 NAME	
STREET ADDRESS	5835 MEMORIAL HIGHWAY, SUITE #18		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	
TITLE	VST	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	BAGEARD, LYNNE K.		22 NAME	
STREET ADDRESS	5835 MEMORIAL HIGHWAY, SUITE #18		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. 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 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.

LYNNE BAGEARD
VICE-PRESIDENT 3/13/97 813-882-9533

SIGNATURE: _____

CR2E034 (9/96)