

**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 # **P38649 (0)**

1. Corporation Name  
**AF INTERESTS, INC.**



Principal Place of Business: % NEWLIN C. HERNDON 322 CONGRESS AVENUE AUSTIN TX 78701  
Mailing Address: % NEWLIN C. HERNDON 322 CONGRESS AVENUE AUSTIN TX 78701

3. Date Incorporated or Qualified: **05/05/1992**  
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business: 21 **4105 E. FOWLER AVE.** 22 **TAMPA, FL.** 23 **33617**  
2a. Mailing Address: 26 **5450 BEE CAVE RD.** 27 **BLDG. 3-D** 28 **AUSTIN, TX.** 29 **78746**

4. FEI Number: **75-2204067**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1508, 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

Sign the typed or printed name of registered agent and file 1 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE:  DELETE  
NAME: **CPS FISH, RICHARD L.**  
STREET ADDRESS: **2 COMPTON BRISTOL TN**  
CITY, ST, ZIP: **DV**  DELETE  
TITLE:  DELETE  
NAME: **FISH, JANE ALLEN**  
STREET ADDRESS: **2 COMPTON BRISTOL TN**  
CITY, ST, ZIP: **DS**  DELETE  
NAME: **HERNDON, NEWLIN C.**  
STREET ADDRESS: **322 CONGRESS AVENUE AUSTIN TX**  
CITY, ST, ZIP: **T**  DELETE  
TITLE:  DELETE  
NAME: **FISH, RICHARD L.**  
STREET ADDRESS: **2 COMPTON BRISTOL TN**  
CITY, ST, ZIP:  DELETE  
TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY, ST, ZIP:  DELETE  
TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY, ST, ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS: **5450 BEE CAVE RD. BLDG. 3-D**  
3.4 CITY - ST - ZIP: **AUSTIN, TX. 78746**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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: *Newlin Herndon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 512-306-9303  
Date Time Phone #

CR2E034 (12/95)