FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015851 (7)

1. Corporation Name
AFFINITY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
412-418 NW 1 AVE APT. 233 FT. LAUDERDALE FL 33301 US	412 NW 1 AVE APT. 233 FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1993
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0426043 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22: N/A - no Apt #
Suite, Apt. #, etc — 27: NO APT #
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 | Country — 25 | Zip — 29 | Country — 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUDWIG, LISA
1220 HAMPTON BLVD.
APT. 233
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City: FL — 05 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 (Signature of new Registered Agent, if changed) (Name of Registered Agent (typed or printed after signature)) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, LISA	12 NAME		
STREET ADDRESS	1220 HAMPTON BLVD. $233	13 STREET ADDRESS		
CITY ST ZIP	N LAUDERDALE FL 33068	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, NICOLE	22 NAME		
STREET ADDRESS	870 S.W. 55TH AVE.	23 STREET ADDRESS		
CITY ST ZIP	MARGATE FL 33068	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		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 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 above, or on an attachment with an address.

SIGNATURE: [signature] LISA LUDWIG 4/31/95 305-534-3569
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)

0208409 CP