

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000024180 (0)

1. Corporation Name

FLORIDA AFFINITY, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 10:16

Principal Place of Business Mailing Address
1117 HARBERT STREET 1117 HARBERT STREET
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/01/1993	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-3183620	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARDEE, CHARLES J III 1117 HARBERT STREET TALLAHASSEE FL 32303				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P R HARDEE, CHARLES J	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEE, CHARLES J	1.2 NAME	Charles J. Hardee (same)
STREET ADDRESS	1117 HARBERT ST	1.3 STREET ADDRESS	1117 Harbert St. spellings corr.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tall. FL 32303
TITLE	D R HARDEE, CHARLES	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEE, CHARLES	2.2 NAME	Charles J. Hardee (same)
STREET ADDRESS	1117 HARBERT ST same as above	2.3 STREET ADDRESS	1117 Harbert St
CITY-ST-ZIP	TALL. FL	2.4 CITY-ST-ZIP	Tall. FL 32303
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE: 1/10/95 904/222-8518
 SIGNATURE AND TYPED OUT FULL NAME OF SIGNING OFFICER OR DIRECTOR Date Notary Public