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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000078431 (2)

1. Corporation Name
AFS MANAGEMENT GROUP, INC.



Principal Place of Business

705 S STATE RD 7
MARGATE FL 33068
US

Mailing Address

705 S STATE RD 7
MARGATE FL 33068-2803
US

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
07/17/1996

4. FEI Number
65-0449745

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 intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LAZARO, SPIRO
2871 NE 18TH ST
POMPANO BEACH FL 33062

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAZARO, SPIRO	
STREET ADDRESS	1655 SOUTH STATE ROAD 7	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HENRY	
STREET ADDRESS	1665 S STATE ROAD 7	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAZARO, WENDY	
STREET ADDRESS	2871 NE 18TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PANAGIOTA, AMANNA	
STREET ADDRESS	6730 KIMBERLY BLVD	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAZARO, SPIRO	
1.3 STREET ADDRESS	705 S. STATE ROAD 7	
1.4 CITY-ST-ZIP	MARGATE, FL 33068	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTINEZ, HENRY	
2.3 STREET ADDRESS	705 S. STATE ROAD 7	
2.4 CITY-ST-ZIP	MARGATE, FL 33068	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LARRY COURTNEY	
5.3 STREET ADDRESS	705 S. ST 7	
5.4 CITY-ST-ZIP	MARGATE, FL 33068	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-97

Date

Daytime Phone #

CR2E034 (9/96)