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 11 PM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031217 (0)**

1. Corporation Name

AFFI, INC.

Principal Place of Business	Mailing Address
431 SEABREEZE AVENUE **PALM BEACH FL 33480**	**431 SEABREEZE AVENUE** **PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1994**

3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. # etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. # etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: 65 - 0491015 ☐ 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

DE LABRY, COLETTE O
250 ROYAL PALM WAY
STE. 300
PALM BEACH FL 33480

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 Section 607.1007 and/or 608, Florida Statutes, the above named corporation submits the 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOVETTE, BRADFORD S
STREET ADDRESS 431 SEABREEZE AVENUE
CITY-ST-ZIP PALM BEACH FL 33480

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is validly 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 1, 2, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bradford S. Lovette 5/8/95 (407)833-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276207 CF