

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090329 (0)

1. Corporation Name

A.F.A.R.E, INCORPORATED



Principal Place of Business

Mailing Address

11231 IRA LN.
LAKEWORTH FL 33467

11231 IRA LN.
LAKEWORTH FL 33467

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

ORLANDS, BUDDY
11231 IRA LN.
LAKEWORTH FL 33467

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 of principal officer or director of registered agent and the applicable

(NOTE: Registered Agent signature required when not in corp)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ORLANDS, BUDDY	
STREET ADDRESS	11231 IRA LN.	
CITY - ST - ZIP	LAKEWORTH FL 33467	
TITLE	P	☐ DELETE
NAME	ORLANDS, CAROL	
STREET ADDRESS	11231 IRA LN.	
CITY - ST - ZIP	LAKEWORTH FL 33467	
TITLE	V	☒ DELETE
NAME	MESSINA, DONALD	
STREET ADDRESS	2632 W. CARRANDIS RD.	
CITY - ST - ZIP	WEST PALM BEACH FL 33406	
TITLE	ST	☐ DELETE
NAME	BRENNER, KEN	
STREET ADDRESS	5760 CORAL RIDGE ISLES DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33334	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	ORLANDS, CAROL
33 STREET ADDRESS	11231 IRA LN.
34 CITY - ST - ZIP	LAKEWORTH, FL 33467
41 TITLE	☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	5760 CORAL RIDGE ISLES DR.
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth A. Brenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96

407 795-0560