FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000091468 (5)

	AFFING, INC.							
Principal Place of Business	Mailing	Address				EBBRE DONED (BLO) (F	ADE MEDIA DAF	HOL SOUTH LOOKS
1001 W CYPRESS CKWY 1700 SOUTHEAST 15 STR			REET SUITE 2	207		•		
306A FORT LAUDERDALE FL 30					Į			
FORT LAUDERDALE FL 33309					DO NOT WRITE IN THIS SPACE			
บร					3. Date Incorporated or Qualified			
					12/01/1995			
2. Principal Place of Busines	<u>├</u> ¬	ing Address			4. FEI Number			plied For
21		26		65-0621246			t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22	27	6.00					Fee Re	
City & State	├ ¬ `	& State			6. Election Campaign Financing		\$5.00	
23	Country Zip		Country		Trust Fund Contribution		Added to	
Zip	, ' - 		Country		B. This corporation owes or has p	_		
24 25	29 Address of Current Registered	Anact	[30]		Personal Property Tax due Jun 10. Name and Address of New R			J No
			81	Name	10. Haine and Address Of How I	OB-SIGIOU NA		
	OF LAWRENCE J SPIEGEL CH	טואר	L					
343 ALMERIA A			82	Street Add	dress (P.O. Box Number is Not Accepte	ıble)		
CORAL GABLES	FL 33134		83					
			30					
			84	City		FL	35 Zip C	Code
P. Control of the Principle of the Princ	of Continue 607 0602 and 607 15	On Florida Ctatut	1 1		and in a shorte this statement for the		onelee ite	o rogisterod
office or registered agent	, or both, in the State of Florida Sc	uch change was a	es, the above- authorized by	the corpora	poration submits this statement for the ation's board of directors. I hereby acception	porpose of cri	tment as	s registered registered
agent. I am familiar with,	and accept the obligations of, Sec	tion 607.0505, Flo	orida Statutes.		•			3-11-1
SIGNATURE	•							
SIGNATURE Signature, hyped or p	rizhed harria of registioled agent and title if appli	cabin (NOTI	E Registered Agen		uired when reinstelling)	DATE		
SIGNATURE Signature: typed or p	•	cable (NOTI	E Registered Agen			DATE	RECTOR	S IN 12
SIGNATURE Signature, hyped or p	rivited name of registered agent and title if appli- OF FICE RS AND DIRECTOR	cabin (NOTI	E Registered Agen 13. 1.1 TITLE		uired when reinstelling)	DATE		
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SIGNATURE

14. I hereby certify that the information indicated on this annual report or a officer or director of the corporation Block 12 or Block 13 if changon, or

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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

May 05 1998 8:00am

Secretary of State