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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600008791 1. Corporation Name

AFN EINI	Enriises, inc.								
Principal Place	e of Business	Ma	ailing Address				- 1 19811991 (18 18119 811) 1 8214 88141 88311 88141 9		1 1 8 1 8 1 1 8 1 1 6 8 1
2416 SE 10TH COURT 6278 N FEDERAL HWY POMPANO BEACH FL 33062 STE 159					-				
			LAUDERDALE FL 33308				DO NOT WRITE IN THIS	SPACE	
		US					3. Date Incorporated or Qualifed		
							01/25/1996		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	<u> </u>	plied For
21		26			_		65-0657600		ot Applicable
Suite, Apt.	#, etc.	\perp	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional
22		27	<u> </u>						beniupe
City & State	e		City & State				6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	\vdash	Zip	Country	у		8. This corporation owes the current year Interest.		ľNo
24	25]	29		30			Personal Property Tax.	Yes	№ NO
•	9. Name and Address of Currer	nt Regis	tered Agent			Minne	10. Name and Address of New Registered	Agent	
MANA	DOIAL BEDECCY D			81	'	Name			
KWARCIAK, REBECCA P				82	2	Street Address (P.O. Box Number is Not Acceptable)			
2416 SE 10TH COURT					1				
POM	PANO BEACH FL 33062			83	3				
				84	4	City		85 Zip	Code
					1	•	FL		
office or re agent. I a	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	ia. Such change was at	itnonzea di	V U	-named corpo the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	ntment as re	egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable. (NOTE:	Registered Age	ent	signature required			
12.	OFFICERS A	ND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		DRS IN 12
TITLE	S ·		☐ DELETÉ	1.1 TITLE			•	☐ Change	☐ Addition
NAME	KWARCIAK, STEPHEN C			1.2 NAME					
STREET ADDRESS	2416 SE 10TH COURT		. •	1.3 STREE	ET/	ADDRESS]
CITY-ST-ZIP	POMPANO BEACH FL 33062			1.4 CITY-	ST-	-ZIP			
TITLE			2.1 TITLE	2.1 TITLE		- • -	☐ Change	☐ Addition	
NAME	KWARCIAK, REBECCA			2.2 NAME			·		1
STREET ADDRESS	2416 SE 10TH COURT			2.3 STREE	ET/	ADDRESS			
CITY+ST-ZIP	POMPANO BEACH FL 33062			2.4 CITY-	ST	T-ZIP			
TITLE			☐ DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	ET/	ADDRESS			ĺ
CITY-ST-ZIP				3.4, CITY-	ST	T-ZIP	•		1
TITLE			☐ DELETE	4.1 TITLE			\ <u>#</u> ***	Change	☐ Addition
				4. 2 NAME	Ξ				{
NAME STREET ADDRESS						ADDRESS			
				4.4 CITY-					
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE		E-11		☐ Change	Addition
				5.2 NAME			•	-	
NAME						ADDRESS			-
STREET ADDRESS				5.4 CITY-		1			
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	_			Change	Addition
TITLE			_ >	COMANE					- }

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

JREQUIREGERA P. KWARCIAK

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90049 042 ***150.00