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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21 1997 8:00am Secretary of State

AFO EI	ANIMONIMENTAL ASSOCIAT	ES, INC.					
Principal Plac	ce of Business	Mailing Addre	ss		10011081 110 10110 40111 40111 40111 40111 40111 4011	/ 1/4000 P/(CO 01/1/ 10010 DI)/ 1001	
9446 S.W ARMELLINI AVE. PALM CITY FL 34991		P.O. BOX 678 PALM CITY FL 34991-0678					
					3. Date Incorporated or Qualified 36 02/07/1996	a. Date of Last Report	
- CV	Place of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For	
21	0.00	26			65-0639582	Not Applicable	
Sulte, Apt		Suite, Apt.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State)		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	···	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees	
24	Country 25	Zip	Cour	ntry	8. This corporation has liability for intan		
24	9. Name and Address of Curre	29	30		Florida Statutes X Yes 10. Name and Address of New Registe		
NO	RMAN, KENNETH A	in Hebieteren Agein		B1 Name	IV. Name and Address of New Registe	red Agent	
2400 SOUTH FEDERAL HIGHWAY, SUITE 320 STUART FL 34994				John 382 Street Addr 3446 S	J. Nicholason ress (P.O. Box Number is Not Acceptable) S.W. Armellini Avenue	85 Zip Code	
				Palm (City	FL 134990	
11. Pursuant	to the provisions of Sections 607.050 registered accent, or both, in the State	02 and 607,1508, Flor e div lorida, Such cha	ida Statutes, the ab	ove-named corp	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered	
agent i a	am familiar with, and accept the oblig	itions of, Section 60	7.0505, Florida Statu	tes.	norra board of directors. Thereby accept the	appointment as registered	
SIGNATURE	July July	/ <u>L</u>			4/)	10/97	
	Sylvature, typed or project name of registered as			Agent signature requir		10	
12.	OF ICERS AN	D DIRECTORS	13. DELETE 1.1 TOTA	- 100	ADDITIONS/CHANGES TO OFFICERS		
		Ш		1		Change X Addition	
NAME OTOTET ADDRESS			. 1.2 NAN		hwarz, James K.		
STREET ADDRESS					37 S. W. Cherokee Street	;	
CITY-ST-ZIP TITLE					lm City, FL 34990	V 1320-	
NAME		LJ '		O/ 1	I/D	Change X Addition	
STREET ADDRESS			2.2 NAN	n Arn	mellini, Richard		
CITY-ST-ZIP				ELFADDRESS 1 5	90 S. W. Dyer Point Road		
TITLE		— <i></i>	2. 4 GII DELE DE 3.1 TITL		lm City, FL 34990	Change Addition	
NAME		۵,	3.7 ME	P		C. Cuange C. Modition	
STREET ADDRESS				μΟε	st, Robert M. Jr.		
CITY-ST-ZIP			•	FET ADDRESS 61	S.E. Harbor Point Dr. Jart, FL 34996		
TITLE			ELETE 4.1 TITL		Jai 0, 11 34990	Change Addition	
NAME		. دے	4. 2 NA			CT outride [T] Valuition	
STREET ADDRESS				E1 ADDRESS			
CITY-ST-ZIP							
TITLE		· · · · · · · · · · · · · · · · · · ·	ELETE 5.1 TITU	- S1 - ZIP		Change Addition	
NAME		ء ب	5.2 NAM	1		Change CT Wouldoot	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP							
TITLE			ELETE 61 THU	- \$1 - ZIP		Change Addition	
NAME	in the second se	LJ 1				L Cusufe L Addition	
STREET ADDRESS	4. 1		6.2 NAM				
:	## · ·			ET ADDRESS			
CITY-ST-ZIP	and the state of t	d di a k ris	6.4 CITY	- S1 - ZIP			

r go nereby 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 changes, or on an attachment with an address.