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FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000028869 (1)

1. Corporation Name

AFFILIATES BUSINESS SERVICES, INC.



Principal Place of Business

9400
4402 SEMINOLE BLVD.
SEMINOLE FL 34642

Mailing Address

9400
4402 SEMINOLE BLVD.
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 SEMINOLE

Suite, Apt. #, etc.

22 9400 SEMINOLE BLVD

City & State

23 SEMINOLE FL

Zip

24 33772

Country

25 USA

2a. Mailing Address

26 9400 SEMINOLE BLVD

Suite, Apt. #, etc.

27 9400 SEMINOLE BLVD

City & State

28 SEMINOLE FL

Zip

29 33772

Country

30 USA

3. Date Incorporated or Qualified

04/01/1996

4. FEI Number

59-3390904

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, DAVID R
9402 SEMINOLE BLVD.
SEMINOLE FL 34642

RICHARD H. BROWN

10. Name and Address of New Registered Agent

1 Name RICHARD H. BROWN

2 Street Address (P.O. Box Number is Not Acceptable)
9400 SEMINOLE BLVD

3

4 City SEMINOLE FL 5 Zip Code 33772

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME ANDERSON, DAVID R
STREET ADDRESS 110 PONTIANA LANE
CITY-ST-ZIP LARGO FL 34640 ☒ DELETE

TITLE PRESIDENT
NAME LINDA BROWN
STREET ADDRESS 300 BAY PLAZA
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ DELETE

TITLE SECTY - TREAS
NAME RICHARD H. BROWN
STREET ADDRESS 300 BAY PLAZA
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

[Signature]

1/21/98 8B/3971800

CP2E034 (10/97)