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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600062707 (0)

AFC REALTY CAPITAL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4400 N. FEDERAL HIGHWAY #210-31	4400 N. FEDERAL H
BOCA RATON FL 33431	BOGA RATON FL 33

FILED Apr 29 1997 8:00am Secretary of State



4400 N. FEDERAL HIGHWAY #210-31 BOCA RATON FL 33431		4400 N. FEDERAL HIGHWAY #210-31 BOCA RATON FL 33431-5187							
					3. Date Incorpo 07/25/199	rated or Qualified	3a. Date	of Last R	eport
2. Principal	Place of Business	2a, Mailing Address			4. FEI Number			Ar	plied For
1]		26			F2~0	681279		No	t Applicabl
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of	Status Desired		\$8.75	
	A 1/10 Jan	27			O. Continuate of			Fee Re	quired
City & Sta	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country 25	Zip 29	Country 30	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	g. Name and Address of Cu			·····		ddress of New Re	gistered Ag	ent	
` H0	IMISCO INCORPORATION, INC) ,	81	Nam	l e				
222 LAKEVIEW AVE., SUITE 800 WEST PALM BEACH FL 33401				Stre	et Address (P.O. Box Numb	er is Not Acceptab	ile)		
			83	1					
			84	City	:		FL	85 Zip (Code
ageni i iGNATURE	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or perced name of registers				ture required when reinslating)		DATE	 	
2.		AND DIRECTORS	13.			HANGES TO OFFIC	ERS AND D	RECTOR	S IN 12
ICE	D	DELETE	1.1 TITLE		T			Change	Addit
AME	PREISER, RICHARD C		1.2 NAME						
REET AODRESS	4233 MAGNOLIA COURT		1.3 STREE	T ADDRES	s				
TY-ST-ZIP	PALM BEACH GARDENS F	£ 33418	1.4 CITY-1	SY-ZIP					
LE	D	☐ DELETE	21 TITLE					Change	Addi
Mé	MEADVIN, KENNETH R		2.2 NAME						
REET ADDRESS		AY #210-31	2.3 STREE	T ADDRES	s				
TY-ST-ZIP	BOCA RATON FL 33431		2. 4 CiTY-	ST-ZIP			:		
LE	D	☐ DELETE	3.1 TITLE				%	Change	Addi
ME	FEFFERMAN, ARTHUR		3.2 NAME						
PEET ADDRESS	I .	CAS, #901	3.3 STREE	T ADDRES	s				
TY+ST-ZIP	NEW YORK NY 10036		3.4. CITY-	ST-ZIP					
LE		☐ DELETE	4.1 TITLE				L	_] Change	Addi
AME			4. 2 NAME						
REFT ACCHESS			4.3 STREE	ADDRES	s				
TY-ST-ZIP			4.4 CITY-:	ST-ZIP				—	
'LF		L DELETE	5.1 TITLE				L	_ Change	Addit
AME			5.2 NAME						
IREET ADDRESS			5.3 STREE	ADDRES	s				
TY-ST-7IP			5.4 CITY-	ST-ZIP					
TLE		DELETE	6.1 TITLE				L	Change	Addi
AME:			6.2 NAME						
TREET ADDRESS	5		6.3 STREE	t adores	s				
CITY - S1 - ZIP	1		6.4 CITY-	ST-ZIP					

14. I do 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.

NT RICHMAN C. PREISER 4/21/97 (56)416-4933