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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000068373 (5)

AMERICAN FINANCIAL GROUP SERVICES, INC.

Principal Place of Business Mailing Address 140 INTRCOASTAL POINTE DRIVE 140 INTRCOASTAL POINTE DRIVE SUITE 306 SUITE 306 DO NOT WRITE IN THIS SPACE JUPITER FL JUPITER FL 3. Date Incorporated or Qualified 08/14/1996 2a. Mailing Address 2. Principal Place of Business Applied For 26 65-0694770 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country ZID 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOHNSON, KEVIN T 140 INTRCOASTAL POINTE DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 308 83 JUPITER FL 84 City 85 Zip Code 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 (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition NAME JOHNSON, KEVIN T 1.2 NAME STREET ADDRESS 140 INTRACOASTAL POINTE DRIVE #306 1.3 STREET ADDRESS JUPITER FL 33477 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE Change Addition 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP ___ Addition DELETE Change TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

63 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 agreed 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 control of the corporation or the corporation or the corporation or the corporation or the corporation of the corporation or the corporation or the corporation or the corporation of the corporation or the corporation of the corporation or the corporation of the corporation or the corporation of the corporation or the corpor Block 12 or Block 13 if changed, or on

DELETE

☐ Change

■ Addition

FILED

Apr 29 1998 8:00am

Secretary of State