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FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000096903 (5)

1. Corporation Name
AFFINITY CAPITAL CORPORATION

Principal Place of Business	Mailing Address
2401 PGA BLVD #110 PALM BCH GARDENS FL 33410 US	251 SOUTH COUNTY ROAD PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2401 PGA Blvd. #110
Suite, Apt. #, etc.
27
City & State
28 Palm Beach Gardens, FL
Zip 29 33410 Country 30 USA

4. FEI Number: 65-0713233 ☐ 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**

BROWN, JONNA ESQ.
C/O DUNWODY WHITE & LANDON, P.A.
251 SOUTH COUNTY ROAD
PALM BEACH FL 33480

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BROWN, RORY A		1.2 NAME		
STREET ADDRESS	13345 ROLLING GREEN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, JUDITH A		2.2 NAME		
STREET ADDRESS	13345 ROLLING GREEN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	Senior V/S/T	☒ Change ☐ Addition
NAME	MAY, THOMAS		3.2 NAME		
STREET ADDRESS	18710 SE RIVER RIDGE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	MD	☒ Change ☐ Addition
NAME	ROZOWSKY, IVOR T		4.2 NAME		
STREET ADDRESS	19 BERMUDA LAKE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	MD	☒ Change ☐ Addition
NAME	WILHOIT, STEPHEN C		5.2 NAME		
STREET ADDRESS	17056 BAY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MELLISH, ROBERT W		6.2 NAME		
STREET ADDRESS	20205 GLENMOOR DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Thomas C May 1/29/98 561-776-8860