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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

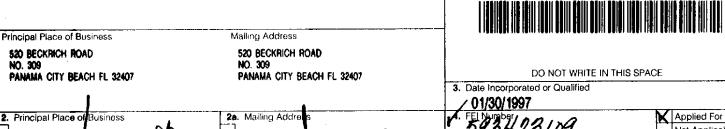
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000011063 (9)

AFFSCO, INC.

FILED
May 04 1998 8:00am
Secretary of State



	t .			/ 01/30/1997		
2. Principal Pla	ace of Business	2a. Mailing Address		543423109	Applied For Not Applicable	
Suite, Apt. #	SAME OF	Suite, Apl. #, e.c.	SAME K	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	- On Bloom	City & State	Kono	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z(p	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes	
•	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent		
	DAN, TIMOTHY J MCKENZIE AVENUE		81 Name 82 Street Ad	1		
PANAMA CITY FL 32401			83	-N/K		
			84 City	_	85 Zip Code	
11. Pursuant to the provisions of Sections 67.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, or phys. In the State of I phys. In the						
			13 .	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D /	DELETE	1.1 TITLE		Change Addition	

SHEA JEFFREY HOUCERNEY 520 BRICKELL ROAD NO. 309 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32407 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 21 TITLE NAME 520 BRICKELL FOAD NO. 309 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32407 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 THILE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 my receiver or vustee 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 of all attyringent with an addyss.

CIONATURE.

4/22/99

95x 2306612