

3-130-98 B- 3310 -c

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **P97000011984 (6)**

1. Corporation Name

AFFINITY TRAVEL MANAGEMENT, INC.

Principal Place of Business

2401 PGA BLVD.
SUITE 280
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD.
SUITE 280
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

21 **860 U.S. Highway 1**
Suite, Apt. #, etc.

26. Mailing Address

26 **860 U.S. Highway 1**
Suite, Apt. #, etc.

22 **Suite 109**
City & State

27. Mailing Address

27 **Suite 109**
City & State

23 **North Palm Beach, FL**
Zip

28. Mailing Address

28 **North Palm Beach, FL**
Zip

24 **33408** 25 **USA**

29. Mailing Address

29 **33408** 30 **USA**

9. Name and Address of Current Registered Agent

**CRAFT, DAVID W ESO.
3418 POINSETTA AVENUE
W. PALM BEACH FL 33407**

FILED
Mar 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1997

4. FEI Number

65-0735855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

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

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

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>TITLE PD <input type="checkbox"/> DELETE NAME WILD, MICHAEL J STREET ADDRESS 2401 PGA BLVD., SUITE 280 860 US Hwy 1 a 109 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 N Palm Bay, FL 33408</p>		<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP </p>		<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP </p>		<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP </p>		<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP </p>		<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP </p>		<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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: *Michael J. Wild*

2/15/98 561-627-8939

CR2E034 (10/97)