Apr-24-01 04:10P S & J INC.a 81:

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90064 008 ***150.00

DOCUMENT # P97000038441

1. Entity Name
A.F.N.N. INC.

Principal Place of Business
1700 West Bay Drive
Largo, FL 33770

Mailing Address
941 Gulf Blvd
Belleair Beach, FL
33786

A0062543

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 West Bay Drive
Suite, Apt. #, etc.

3. Mailing Address
941 Gulf Blvd
Suite, Apt. #, etc.

City & State: Largo, FL
Zip: 33770 Country: USA

City & State: Belleair Beach, FL
Zip: 33786 Country: USA

4. FEI Number
59-3444857
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RUBAII, JAWDET I
1345 SOUTH MISSOURI AVE
SUITE 215
CLEARWATER, FL 34616

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nawawy, Ali 941 Gulf Blvd Belleair Beach, FL 33786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

HERE SIGNATURE: _____ ALI NAWAWY Date President Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR