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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000041966

AFFINITY MARKETING, INC.

	*						
Principal Place of Business Mailing Address					1 19811991 ((2 1811) 1881) 9811) 9811)	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24110 0114 1021
1700 N DIXIE HWY 1700 N DIXIE HWY							
SUITE #33 SUITE #133				·			
BOCA RATON FL 33432 BOCA RATON FL 33432					DO NOT WRITE IN THIS SE	PACE	
US					3. Date Incorporated or Qualifed		}
					05/12/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		
21 1700	ON-Dixie Hwy 26				84-1150731	·No	t Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				- 5. Certificate of Status Desired		Additional
22 Suite (07 27			-		5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 BOCA RATON, 7L BCN 28					Trust Fund Contribution	Added	o Fees
Zip	Country		Country	,	8. This corporation owes the current year Intang	gible	
24 334	32 25	29 30] Yes	No
27 22 (9. Name and Address of Current	11			10. Name and Address of New Registered Ag	ent	
-			81	Name			
WILS	son, sandra l		82	1	All (O.O. Bankharian National Artista)		_ _
1700 N DIXIE HWY				Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE #133			83				
	A RATON FL 33432						
	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84	City	FL	85 Zip	Code
				<u>l</u>		ongina ita	registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th Felorida, Such change was author	e abov zed by	e-named :	corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appointment of the corporation of the co	nent as re	gistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	tatutes	3.			
SIGNATURE							i
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	ered Age	nt signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DPST	☐ DELETE 1	1.1 TITLE		GANDER L. WILSON	Change	☐ Addition
NAME	WILSON, SANDRA L	1	.2 NAME		1700 N. DIXIE HWY. #10	7	l
STREET ADDRESS	1700 N DIXIE HWY SUITE 133		.3 STREE	T ADDRESS		, ,	
CITY-ST-ZIP	DOCA DATON EL 20400		4 CITY-S	T-ZIP	BORA RATON, 7L 33432		
TITLE	300111111111111111111111111111111111111		1 TITLE			Change	☐ Addition
NAME			2 NAME	ļ			
				T ADDRESS			
STREET ADDRESS					· · · · · · ·		
CITY-ST-ZIP			2. 4 CITY-ST		<u> </u>	Change	Addition
TITLE						_ •	_
NAME	[ď	2 NAME				1
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	.1 TITLE	l	1	change	
NAME		4	. 2 NAME		· ·		
STREET ADDRESS	i e						İ
1	•	4	.3 STREE	T ADDRESS			
CITY+\$T-ZIP			3 STREE				
CITY-ST-ZIP TITLE		4				Change	Addition
TITLE		DELETE 5	4 CITY-5			Change	☐ Addition
TITLE		DELETE 5	4 CITY-5 1 TITLE 2 NAME		[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		DELETE 5	.4 CITY-5 .1 TITLE .2 NAME .3 STREE	TADORESS	[Change	☐ Addition
TITLE		DELETE 5	4 CITY-5 1 TITLE 2 NAME	TADORESS		Change	☐ Addition

CITY+ST-ZIP 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561-368-7069