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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & State

DIVISION OF CORPORATIONS

## **FILED** May 22 1998 8:00am Secretary of State

DOCUMENT # P9700065160 (8)  AFFIRMATIVE ACTION PROMOTION, INC.						
Principal Place of Business Mailing Address						
4 EAST PLAN WINTER GARD		4 EAST PLANT STREET WINTER GARDEN FL 34787				
MINIER ORRE	ZEN TE GATO!	WHITEH CARDEN FE	THE CHILDREN PE STOP			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/28/1997
	Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	# atr	Suite Ant # etc	Suite, Apt. #, etc.			S8.75 Additional
22	н, ос	27	-1			5. Certificate of Status Desired Fee Required
City & State	e	City & State				Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip			<u>├</u>	intry	<i>'</i>	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curren	29 30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
740		r nagisterau Agent		B1	Name	10. Name and Address of New Addistried Agent
ZACKERY, JAMES 4 EAST PLANT STREET				L	<u></u>	
WINTER GARDEN FL 34787				82 Street Addre		dress (P.O. Box Number is Not Acceptable)
				83		
				84	City	85 Zip Code
						<b>FL</b> [ ]
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 posted name of registering agent and too if egistering agent and too if the pulcohic (NOTE Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DELETE		1.1 1	1.1 TITLE		☐ Change ☐ Addition
NAME	ZACKERY, JAMES		1.2 NAME		ļ	
STREET ADDRESS	4 EAST PLANT STREET WINTER GARDEN FL 34787				ADDRESS	1
CITY-ST-ZIP TITLE	DÉLETE			1.4 CHY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME		beert	2.2 N		ŀ	orange rounds
STREET ADDRESS			23 STREET ADDRESS		I ADDRESS	ì
CITY-ST-ZIP					ST-ZIP	
TITLE	DELETE					Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	F ADDRESS	}
CITY-ST-ZIP		- I beleve			ST-ZIP	
TITLE		DELETE				Change Addition
NAME			4.21		f	
STREET ADDRESS   CITY-ST-ZIP			1		T ADDRESS ST - ZIP	
TITLE	DELETE 5.17			51 - £1r	☐ Change ☐ Addition	
NAME			5.2 N		)	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-S	ST - ZIP	
TITLE		☐ DELETE	6.1 T	TLE		Change Addition
NAME			6.2 N	AME	1	
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP			6.4 C	ITY-S	ST-7IP	0.000 440 07(0)(3.51-44) 0.000 1.15 1.15 1.15 1.15 1.15 1.15 1.1

Thereby 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 receiver or Irustee 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.