

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norrman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

90 MAY -1 11:10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S63293**

(2)

1. Corporation Name

AFFIRMATIVE SERVICES, INC.

Principal Place of Business

Mailing Address

11215 NORTH NEBRASKA AVE.
B-1
TAMPA FL 33612

11215 NORTH NEBRASKA AVE.
B-1
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1991

3b. Date of Last Report

05/01/1994

4. FEI Number

59-3073079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSSI, WILLIAM E
11215 N NEBRASKA AVE
B-1
TAMPA FL 33612

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 of Registered Agent or Registered Agent/Secretary)

(Signature of Registered Agent or Registered Agent/Secretary)

(Signature)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	DPT FOSSI, WILLIAM E.
12.2 STREET ADDRESS	1125 WESTWOOD DR
12.3 CITY, ST, ZIP	LUTZ FL
12.4 NAME	DV
12.5 STREET ADDRESS	ROTHSTEIN, JEROME B.
12.6 CITY, ST, ZIP	817 SUNRIDGE POINT DRIVE SEFFNER FL
12.7 NAME	D
12.8 STREET ADDRESS	POSTON, DENNIS M
12.9 CITY, ST, ZIP	4034 W. KENNEDY BLVD. TAMPA FL
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13.1 NAME	☐ Change ☐ Addition
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.4 NAME	☐ Change ☐ Addition
13.5 STREET ADDRESS	
13.6 CITY, ST, ZIP	
13.7 NAME	☐ Change ☐ Addition
13.8 STREET ADDRESS	
13.9 CITY, ST, ZIP	
13.10 NAME	☐ Change ☐ Addition
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 STREET ADDRESS	
13.15 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 199.032, Florida Statutes. I further certify that the information was stated on this annual report or supplementary annual report as true and accurate and that my corporation 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 addition with an address.

SIGNATURE:

William E. Fossi
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Fossi

5-1-95

(S/S) 977-0024