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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S63293 (2)

1. Corporation Name
AFFIRMATIVE SERVICES, INC.



Principal Place of Business Mailing Address
~~11215 NORTH NEBRASKA AVE.~~ ~~11215 NORTH NEBRASKA AVE.~~
~~B-1~~ ~~B-1~~
~~TAMPA FL 33612~~ ~~TAMPA FL 33612-5730~~

2. Principal Place of Business 2a. Mailing Address
21 1125 WESTWOOD DR. 26 P.O. BOX 1722
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lutz, FL 28 LUTZ, FL
Zip Country Zip Country
24 33549 25 29 33548 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/26/1991 05/01/1996
4. FEI Number Applied For
59-3073079 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FOSSI, WILLIAM E. 81 Name FOSSI, WILLIAM E.
~~11215 N NEBRASKA AVE~~ 82 Street Address (P.O. Box Number is Not Acceptable)
~~B-1~~ 1125 WESTWOOD DR.
~~TAMPA FL 33612~~ 83
84 City LUTZ FL 85 Zip Code 33549

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 607.0502, Florida Statutes.

SIGNATURE WILLIAM E. FOSSI, President 4-16-97
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
TITLE DPT 1.1 TITLE ☐ Change ☐ Addition
NAME FOSSI, WILLIAM E. 1.2 NAME
STREET ADDRESS 1125 WESTWOOD DR 1.3 STREET ADDRESS
CITY-ST-ZIP LUTZ FL 1.4 CITY-ST-ZIP
TITLE D 2.1 TITLE ☐ Change ☐ Addition
NAME POSTON, DENNIS M 2.2 NAME
STREET ADDRESS 4034 W. KENNEDY BLVD. 2.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)