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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:05

DOCUMENT # **V12653** (4)

1. Corporation Name
A.F.D.S. RESOURCES, INC.

Principal Place of Business Mailing Address
11691 OVAL DR., W. LARGO FL 34644 US **P. O. BOX 1392 LARGO FL 34649 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/06/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3103142** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SANTORE, RICHARD A.
11691 OVAL DRIVE WEST
LARGO FL 34644**

10. Name and Address of New Registered Agent
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 607.0902 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]* 1-25-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANTORE, RICHARD A.
STREET ADDRESS	11691 OVAL DR., W.
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	NORTON, MICHAEL
STREET ADDRESS	9158 85TH AVE., N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	SUPER, PETER
STREET ADDRESS	8035 31ST AVE., N.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D SUSAN PETERSON
2.3 STREET ADDRESS	11 HERINGDALE DRIVE
2.4 CITY-ST-ZIP	MARLTON NJ 08053
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D CHRISTINA BADELCHINI
3.3 STREET ADDRESS	5622 WELKIN CT
3.4 CITY-ST-ZIP	DURHAM, NC 27713
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **RICHARD A. SANTORE** 1-25-96 813-543-0709
Signature and typed or printed name of signing officer or director Date Daytime Phone #