

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # **V17304 (9)**

1. Corporation Name
AFW, INC.



Principal Place of Business: **140 INTRACOASTAL POINTE DR. SUITE 403 JUPITER FL 33477-5088 US**
Mailing Address: **140 INTRACOASTAL POINTE DR. SUITE 403 JUPITER FL 33477-5088 US**

3. Date Incorporated or Qualified: **02/27/1992** 3a. Date of Last Report: **03/14/1995**
4. FCI Number: **65-0316358** 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: **21 Suite 305**
2a. Mailing Address: **26 Suite 305**
22. City & State: **27**
23. Zip: **24** Country: **25** Country: **28** Country: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELDIN, KEITH A.
140 INTRACOASTAL POINTE DRIVE
SUITE 401
JUPITER FL 33477**

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 607.05007 and 607.15008, 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 607.05005, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALIOTTA, ANTHONY F.		1.2 NAME:	
STREET ADDRESS: 140 INTRACOASTAL POINT D		1.3 STREET ADDRESS:	
CITY, ST, ZIP: JUPITER FL		1.4 CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		2.2 NAME:	Director
STREET ADDRESS:		2.3 STREET ADDRESS:	Janet H. Walsh
CITY, ST, ZIP:		2.4 CITY, ST, ZIP:	140 Intracoastal Pointe Drive, Suite 305
TITLE:	<input type="checkbox"/> DELETE	2.5 CITY, ST, ZIP:	Jupiter, FL 33477
NAME:		3.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME:	Director
CITY, ST, ZIP:		3.3 STREET ADDRESS:	Marie Bussem
TITLE:	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP:	140 Intracoastal Pointe Drive, Suite 305
NAME:		3.5 CITY, ST, ZIP:	Jupiter, FL 33477
STREET ADDRESS:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP:		4.2 NAME:	
TITLE:	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS:	
NAME:		4.4 CITY, ST, ZIP:	
STREET ADDRESS:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP:		5.2 NAME:	
TITLE:	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
NAME:		5.4 CITY, ST, ZIP:	
STREET ADDRESS:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP:		6.2 NAME:	
TITLE:	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS:	
NAME:		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 119.07(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 if change or on an attachment with an address.

SIGNATURE: *Anthony F. Aliotta* 1-95916 407-747-1040
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)