## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

AFFLUENT ENTERPRISES, INC.

**FILED** 

Feb 04 1998 8:00am

Secretary of State

|   |  |                                  |                  |                                  |  | 'Bii Bibii Bibii Bibii Bibii Bibi |
|---|--|----------------------------------|------------------|----------------------------------|--|-----------------------------------|
| Principal Place of Business Mailing Address |  |                                  |                  |                                  |  | 211 01011 01011 01011 01011 1401  |
| 2748 NW 9 LANE 2748 NW 9 LANE               |  |                                  |                  |                                  |  |                                   |
| FT LAUDERDALE FL 33311                      |  | FT LAUDERDALE FL 33311           |                  | DO NOT WRITE IN THIS SPACE       |  |                                   |
|   |  |                                  |                  |                                  | 3. Date Incorporated or Qualified  | 3 01 7/02                         |
|   |  |                                  |                  |                                  | 09/09/1992   |                                   |
| 2. Principal P                              | lace of Business   | 2a. Mailing Address              |                  | 4. FEI Number                    | Applied For  |                                   |
| 21  |  | — ~                              | 26               |                                  | 65-0357999   | Not Applicable                    |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.              |                  |                                  | \$8.75 Additional  |                                   |
| 22  |  | 27                               |                  | 5. Certificate of Status Desired | Fee Required   |                                   |
| City & State                                |  | City & State                     |                  | Election Campaign Financing      | \$5.00 May Be  |                                   |
| 23  |  | 28                               |                  | Trust Fund Contribution          | Added to Fees  |                                   |
| Zip Zip                                     | Country  | Zip                              | Count            | ry                               | This corporation owes or has paid the corporation of the corporation owes or has paid the corporation. | ·— · — ·                          |
| 24  | 25   | at Barlatared Agent              | 30               |                                  | Personal Property Tax due June 30.  10. Name and Address of New Registere                              | Yes No                            |
|   | 9. Name and Address of Curre   | iit negisteren Agent             | R                | 1 Name                           | 10. Name and Address of New Registere  | u Agent                           |
|   | LTON, CHERYL   |                                  |                  | , radino                         |  |                                   |
|   | IS NW 9 LANE   |                                  | 8                | 2 Street Add                     | dress (P.O. Box Number is Not Acceptable)  |                                   |
| FI  | LAUDERDALE FL 33311  |                                  | 8                | 3                                |  |                                   |
|   |  |                                  | Ľ                |                                  |  |                                   |
|   |  |                                  | 8                | 4 City                           | F  | 85 Zip Code                       |
| 11. Pursuant t                              | to the provisions of Sections 607.05   | 02 and 607 1508. Florida Statule | es, the abo      | ve-named co                      | orporation submits this statement for the purpose  |                                   |
| office or re                                | egistered agent, or both, in the State<br>in familiar with, and accept the oblig | e of Florida. Such change was a  | authorized l     | by the corpor                    | ation's board of directors. I hereby accept the ap   | opointment as registered          |
| SIGNATURE                                   |  |                                  |                  |                                  |  |                                   |
|   | Signature, typied or printed name of registered ag                               |                                  |                  | gent signature req               | uired when reinstating) DATE   | ID DUDEOTODO IVI 40               |
| 12.   | PD OFFICERS AN   | DELETE DELETE                    | 13.<br>1.1 TITLE |                                  | ADDITIONS/CHANGES TO OFFICERS AT   | Change Addition                   |
| TITLE<br>NAME                               | DALTON, CHERYL   | blan                             | 1.2 NAM          | ł                                |  | C onende C vacation               |
| STREET ADDRESS                              | 2748 NW 9 LANE   |                                  | i i              | ET ADDRESS                       |  |                                   |
| · · · · · · · · · · · · · · · · · · ·       | FT LAUDERDALE FL   |                                  | 1.4 CITY         |                                  |  |                                   |
| CITY-ST-ZIP                                 |  |                                  | 2.1 1111.        |                                  |  | Change Addition                   |
| NAME  |  | _                                | 2.2 NAMI         |                                  |  | _ ' ' _                           |
| STREET ADDRESS                              |  |                                  |                  | ET ADDRESS                       |  |                                   |
| CITY-ST-ZIP                                 |  |                                  | 2. 4 GITY        |                                  |  |                                   |
| TITLE                                       |  | DELETE                           | 3.1 TITLE        |                                  |  | ☐ Change ☐ Addition               |
| NAME  |  |                                  | 3.2 NAM6         |                                  |  |                                   |
| STREET ADDRESS                              |  |                                  | 3.3 STRE         | ET ADDRESS                       |  |                                   |
| CITY-ST-ZIP                                 |  |                                  | 3 4. GITY        | -S1-ZIP                          |  |                                   |
| TITLE                                       |  | ☐ DELETE                         | 4.1 TITLE        |                                  |  | Change Addition                   |
| NAME  |  |                                  | 4. 2 NAM         | E                                |  |                                   |
| STREET ADDRESS                              | •  |                                  | 4.3 STREE        | ÉT ADORESS                       |  |                                   |
| CITY-ST-ZIP                                 |  |                                  | 4.4 CITY         | -ST-ZIP                          |  |                                   |
| TITLE                                       |  | DELETE                           | 5.1 TITLE        |                                  |  | Change Addition                   |
| NAME  |  |                                  | 5.2 NAME         |                                  |  |                                   |
| STREET ADDRESS                              |  |                                  | 5.3 STRE         | ET ADDRESS                       |  | Í                                 |
| CITY-ST-ZIP                                 |  |                                  | 5.4 CITY         | ST-ZIP                           |  |                                   |
| TITLE                                       |  | ☐ DELETE                         | 6.1 TITLE        |                                  |  | Change Addition                   |
| NAME  |  |                                  | 6.2 NAME         | :                                |  |                                   |
| STREET ADDRESS                              |  |                                  | 6.3 STREE        | T ADDRESS                        |  |                                   |
| CITY-ST-ZIP                                 |  |                                  | 6.4 CITY-        | ST-ZIP                           |  |                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 truetee 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.

1-28-98 (snd (1217)