## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Mar 02 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000041966 (7) AFFINITY MARKETING, INC. Principal Place of Business Mailing Address 1700 N DIXIE HWY 1700 N DIXIE HWY **SUITE #133** SUITE #133 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 1700 N. Dixie Hwy Suite, Apl. #, etc. 84-115073 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be DOCA Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILSON, SANDRA L 1700 N DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) **SUITE #133** 83 **BOCA RATON FL 33432** 84 Zip Code City 85 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. Sawden L. Wilson
Signature, typed or printed name of regulared agent and title it applicable Pres. 2/21/98 SIGNATURE (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 11 TITLE TITLE WILSON, SANDRA L 1.2 NAME NAME 1700 N DIXIE HWY SUITE 133 STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP 1.4 CITY-ST-ZIP **DELETE** Change Addition 2.1 TATLE TITLE LASATER, GAYLE A 2.2 NAME NAME 1700 N DIXIE HWY SUITE 133 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TiTLE

NAME

L. Wilson

DELETE

2/21/91

561-368-4534

Change

☐ Addition