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

PROFIT , CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #

L31101

(3)

Mailing Address

FLORIDA AFFORDABLE HOUSING OF SEMINOLE COUNTY, I NC.

1637 E VINE ST SUITE E KISSIMMEE FL 34744 US		1637 E VINE ST Suite e Kissimmee fl 34744 Us		Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 04/25/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0162237	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
Ζιρ 24	25	29	30	Florida Statutes Yes	No
24	g. Name and Address of Current			10. Name and Address of New F	Registered Agent
	3. 114111		81 Name		
DIYON N	DIXON, KENNETH G			dress (P.O. Box Number is Not Acceptat	ole)
1637 E VINE ST			82 Street Add	3033 (* 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 -	
SUITE E			83		
KISSIMMEE FL 34744			04 00		85 Zip Code
NOOMIN	EL IL OTITI		84 City		FL S E S S S S S S S S
SIGNATURE	syrame types or protect name of registered agrees	a cotro fagaje also — (NC	TE Bystered Age : Synut We resul	reducer rushing	DATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS [] DELETE	13.	ADDITIONS OF ANGLOTIC OF	Change Addition
TITLE	DP TOMONIO THOMAS N		1.2 NAME		
NAME	TOMPKINS, THOMAS N.				
STREET ADDRESS	1637 E VINE ST		1.3 STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE FL	□ DELETE	1.4 CHY+S1-7IP 2.1 TOLE		Change Addition
THE	VST	Dittie	22 NAME		
NAME	HINNERS, THOMAS		23 STREET ADDRESS		
STREET ADDRESS	1637 E VINE ST KISSIMMEE FL		2.4 C/Tr -SI - 7/P		
CITY-ST-ZIP	NISSIMMEE FL	DELETE	3 1 TITLE		Change Addition
TITLE		C pereir	3.2 NAME		
NAME			3.3 STREET ADDRESS		
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CITY-ST-Z-P		DELETE	4 11 TUE		Change Addition
THTLE		L.J Detter	4.2 NAME		-
NAME			4.3 STHEET ADDRESS		
STREET ADDRESS			4 /1 STREET AUGUS 55		

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 cath; that I am an officer or director of the comporation or the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if chapter 607, or an attack ment with an address. CITY - ST - ZIP

4.4 CH1+ ST-7IP

5.3 STHEFT ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7 P

5 1 TITLE

6 1 DILE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - \$T - ZIP

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

[] DELETE

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(407) 931.0400 56-5-1-96

Change

Addition

Addition