

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V42516** (7)

1. Corporation Name
AFFORDABLE RENTAL PROPERTIES, INC.

Principal Place of Business
**6924 DUNNET AVENUE NORTH
ST PETERSBURG FL 33709**

Mailing Address
**6924 DUNNET AVENUE NORTH
ST PETERSBURG FL 33709-1446**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1992	3a. Date of Last Report 03/07/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LANCE, LINDA R. 8350 94 AVE. NORTH SEMINOLE FL 34847		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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.

SIGNATURE: *Linda R. Lance* *Sec. Treasurer* **4-9-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, C.A. "TONY"	1.2 NAME	
STREET ADDRESS	9025 52ND ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34846	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, CAROL	2.2 NAME	
STREET ADDRESS	6924 DUNNETT AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCE, LINDA R.	3.2 NAME	
STREET ADDRESS	8350 94TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34847	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, EUGENE	4.2 NAME	
STREET ADDRESS	3143 35TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, JAMES	5.2 NAME	
STREET ADDRESS	6897 BARNWELL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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.

SIGNATURE: *Linda R. Lance* *Linda R. Lance* **4-9-97** (813) 546-0709
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)