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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL -6 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000025921

1. Corporation Name
AFFORDABLE HOUSING GROUP, LIMITED, INC.

Principal Place of Business	Mailing Address
735 NE 3 AVE FT LAUDERDALE FL 33304	735 NE 3 AVE FT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1998
4. FEI Number — [X] Applied For — No: 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9999 N.W. 17th Street	26 9999 N.W. 17th St.
Suite, Apt. #, etc.: 22 Coral	Suite, Apt. #, etc.: 27
City & State: 23 Coral Springs, FL	City & State: 28 Coral Springs, FL
Zip: 24 33071 — Country: 25 U.S.A.	Zip: 29 33071 — Country: 30 U.S.A.

9. Name and Address of Current Registered Agent

MOXON, GEORGE L
735 NE 3 AVE
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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 607.0502 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 George L. Moxon, P.A. — March 26, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	MOXON, GEORGE L	
STREET ADDRESS	735 NE 3 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	President	☐ DELETE
NAME	Kenneth Hill	
STREET ADDRESS	9999 N.W. 17th St.	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	Secretary-Treas.	☐ DELETE
NAME	Ulysees Moore	
STREET ADDRESS	9999 N.W. 17th Street	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TS	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kenneth R. Hill, President — March 26, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #