

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

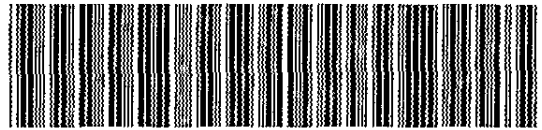
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



700037716187

Office Use Only

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

420 11 0 00 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, Tallahassee, Florida

1. Name and Address of Corporation Principal Office

617998
RELATED HOUSING CORPORATION OF FLORIDA
4125 LAGUNA STREET
CORAL GABLES, FL 33146

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is Not Sufficient

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

04/19/1979

4. Federal Employer Identification Number (FEIN)

59-1915173

5. Date of Last Report

09/20/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
PEREZ, JORGE M	P/T	4125 LAGUNA STREET	CORAL GABLES, FL
SEYMOUR, JAMES D JR	V/P	4125 LAGUNA STREET	CORAL GABLES, FL
ROSS, STEVEN M	V/P/S	4125 LAGUNA STREET	CORAL GABLES, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W BROWARD BLVD
PLANTATION, FL 33324

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____

(Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes.

10.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath

Signature _____

Date _____

Typed Name of Signing Officer _____

Title _____

Telephone Number _____