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

**PROFIT** CORPORATION ANNUAL REPORT

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1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000003725 (9)

ASSOCIATED HOUSING DEVELOPMENT CORP.

## **FILED** Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P O BOX 515 P O BOX 515 PACIFIC PALISADES CA 90272-515 PACIFIC PALISADES CA 90272-515 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1993 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 51-0347188 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zin Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B&C CORPORATE SERV. OF CENTRAL FLA., INC. 81 Name 390 NORTH ORANGE AVENUE, SUITE 1100 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 City 84 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** Signature, typed or printed name of riigistered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition CASTO, R H W NAME 1.2 NAME CASTO, R.H. III 3819 SEAHORN DR STREET ADDRESS 1.3 STREET ADDRESS 2819 SEAHORN DRIVE MALIBU CA CITY-ST-ZIP 1.4 CITY-ST-ZIP MALIBU. CALIFORNIA 90265 DELETE TITLE 2.1 TITLE ☐ Change Addition KANTOR, STEVEN M NAME 2.2 NAME 17383 SUNSET BLVD, SUITE A-230 STREET ADDRESS 2.3 STREET ADDRESS PACIFIC PALISADES CA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE Change WOJCIECHOWSKI, MICHAEL NAME 3.2 NAME 327 SWARTHMORE AVE STREET ADDRESS 3.3 STREET ADDRESS PACIFIC PALISADES CA CITY-ST-ZIP 3.4. CITY-ST-ZIP **X** DELETE TITLE 4.1 TITLE X Change Addition CASTO, RHI NAME 4. 2 NAME 3819 SEAHORN DR STREET ADDRESS 4.3 STREET ADDRESS MALIBU CA CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition MCENULTY, FRANK E NAME 5.2 NAME 17383 SUNSET BLVD, SUITE A-230 STREET ADDRESS 5.3 STREET ADDRESS PACIFIC PALISADES CA CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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.

FRANK E. MCENULTY PRESIDENT

2/26/98

(310) 230-2306