

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

Amended 9 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005476**
1. Corporation Name
AMERICA'S AFFORDABLE HOUSING, Corp.

Principal Place of Business Mailing Address

**13180 N. CLEVELAND AVE
N. FORT MYERS, FL. 33903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 N. FORT MYERS		26 13180 N. CLEVELAND AVE		12/2/93		3/6/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		☒ Applied For ☐ Not Applicable	
22 SUITE 326		27 SUITE 326		351897035		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23 N. FORT MYERS, FL		28 N. FORT MYERS, FL		Trust Fund Contribution ☐		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip		Zip		Country			
24 33903		29 33903		Country			
25 LEE		30 LEE					

9. Name and Address of Current Registered Agent

**Barry Graham
6443 Ben Hogan Circle
N. Fort Myers, FL 33917**

10. Name and Address of New Registered Agent

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

Barry Graham

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V.P.	11 TITLE	V.P.
NAME	KENNETH R. HUNTER	12 NAME	MICHELLE CHRISTENSEN
STREET ADDRESS	P.O. BOX 17428	13 STREET ADDRESS	813 S.W. 6th CT.
CITY-ST-ZIP	W. PALM BEACH, FL 33416	14 CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 T-TLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 T-TLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 stated 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Phone #

Michelle Christensen
MICHELLE CHRISTENSEN

9/16/96

997-5401

CR2E034 (3/96)