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

DOCUMENT # F94000004987 1. Corporation Name

FLORIDA HOUSING PARTNERSHIPS, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90126 029 ***150.00



Principal Place	of Business	Mailing Address					
ATLANTA FINANCIAL CENTER. SUITE 1425 3343 PEACHTREE ROAD. NE		ATLANTA FINANCIAL CENTER, SUITE 1425 3343 PEACHTREE ROAD, NE					
ATLANTA GA 30		ATLANTA GA 30326		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					09/26/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21 Housing Resources, Inc26 Housing Reso			ourc	es, In	<u>58-2085694</u>	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				•	5. Certificate of Status Desired	□ \$8.75 <i>i</i>	
22 17311 Dallas Pkwy., #1270 17311 Dallas				wv., #	120	Fee Re	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 Dallas, TX 28 Dallas, TX				_	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Intangible	_ [
24 75248	B 25 USA	29 75248 30	USA		Personal Property Tax.	Yes	□No
1-11 1027	9. Name and Address of Current F				10. Name and Address of New	Registered Agent	
			81	Name			
C T CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD				Sileet Addre	sss (F.O. Box Humber is Not Accept	auto)	
PLANTATION FL 33324							
			<u> </u>			1	
			84	City		F1 85 Zip	Code
44.5	to the provisions of Sections 607.0502 a	and 607 1600 Florida Statutos	the above	-named come	oration submits this statement for the	purpose of changing its	registered
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of in familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corporation	n's board of directors. I hereby acce	pt the appointment as re	gistered
agent. اوم	n familiar with, and accept the obligation						
SIGNATURE	Mallin		Jack	White	President when reinstating)	<u> 3/</u> 3/99	
	Signature, typed or printed name of registered agent ar		13.	it signature required	ADDITIONS/CHANGES TO OF	FEICERS AND DIRECTO	DRS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/OFFANCES TO CA	- Change	Addition
TITLE	. / /	- octore					
NAME	WHITE, JACK	IITE 440E	1.2 NAME				. [
STREET ADDRESS	3343 PEACHTREE ROAD, NE, SU	JITE 1425		ADDRESS 17	311 Dallas_Pkwy	., #120	
CITY-ST-ZIP	ATLANTA GA 30326	O AFI FYE	1.4 CITY-S	r-zip Da	11as, TX 75248	Change	Addition
TITLE	45		2.1 TITLE			☐ Change	
NAME	HARALSON, FRANK		2.2 NAME				
STREET ADDRESS	3343 PEACHTREE ROAD, NE, SU	JITE 1425	2.3 STREE	FADDRESS			
CITY-ST-ZIP	ATLANTA GA 30326		2. 4 CITY-5	ST-ZIP			
TITLÉ .	STCD	☐ DEFELE -	3.1 TITLE	-		- Change	☐ Addition
NAME	WHATLEY, W W		3.2 NAME				
STREET ADDRESS	3343 PEACHTREE ROAD, NE, SU	JITE 1425	3.3 STREE	TADDRESS			
CITY-ST-ZIP	ATLANTA GA 30326		34 CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME I			4. 2 NAME				[
STREET ADDRESS			·	TADDRESS			1
			4.4 CITY-S				
CITY-ST-ZIP		DELETE	5.1 TITLE	1-21		Change	Addition
TITLE			5.2 NAME				
NAME		•		TADDRESS			
STREET ADDRESS			5.4 CITY-S	1			
CITY-ST-ZIP			6.1 TITLE	1-2119		Change	Addition
TITLE		☐ DELETE				□ change	LT MORION
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			-
CITY-ST-ZIP			6.4 CITY-S	T-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 open attachment with an address, with all other like empowered.

Jack White SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR