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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000006473 (2)

| AFFO | rdable homes of ST, PI | ETERSBURG, INC. | | | |
|---|---|--|---|---|-----------------------------------|
| Principal Pla | ce of Business | Mailing Address | |] 4 constinu viva ihrit diast anni diati diast antii antii antii antii antii | (B B)(4) B)(B)(14010 17)(1891 |
| 405 CENTRAL AVE #201 8T PETERSBURG FL 33701 | | 405 CENTRAL AVE., #201 #202 ST PETERSBURG FL 33701 | | DO NOT WRITE IN THIS | SPACE |
| | ` \ | US | • | 3. Date Incorporated or Qualified | |
| | | | | 12/19/1994 | |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | · · · · · · · · · · · · · · · · · · · | 59-3187268 | Not Applicable |
| Suite, Apt | t. W, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | | Fee Required |
| 23 | ile | | | 8. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip | Country | ZIP ZIP | Country | | Added to Fees |
| 24 | 25 | · | м | This corporation owes or has paid the cu Personal Property Tax due June 30. | Trent year intangible ☐ Yes ☐ No |
| <u> </u> | g. Name and Address of Curre | | 20 1 | 10. Name and Address of New Registered | |
| LI | UTMAN, DAVID T | | 81 Name | | |
| 405 CENTRAL AVE., #201 | | | | | |
| ST. PETERSBURG FL 33701 | | | 82 Street Addre | ss (P.O. Box Number is Not Acceptable) | |
| 0 | i. FEIENODUNG FE 33/01 | | 83 | | |
| | | | | | |
| | | | 84 City | FL | 85 Zip Code |
| SIGNATURE | Signature, typed or printing name of registered a | genit and tine if applicable (NOTE: | Registered Agent signature require | | |
| 12. | PTD OFFICERS A | ND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AN | DIRECTORS IN 12 Change Addition |
| NAME | 1 | | 1.1 TITLE 1.2 NAME | | LT Andina |
| STREET ADDRESS | 100 02::::, ::-:: | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | I or ste | 1,4 CITY-ST-ZIP | | |
| TITLE | VSDC | ☐ DELFTE | 2.1 TITLE | | Change Addition |
| NAME | HUTMAN, SHEILA J | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | Delete | 2. 4 CITY - ST - ZIP | | D Oharan D Addition |
| TITLE | 1 | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME CYDEET ADODESC | .} | | 3.2 NAME | | |
| STREET ADDRESS | ' | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | | | | |
| IIILE | | DELETE | 3.4. CITY-ST-ZIP | | Change Addition |
| NAME | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME EXPERT ADDRESS | | DELETE | 4.1 TITLE 4.2 NAME | | Change Addition |
| STREET ADDRESS | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | | - | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| STREET ADORESS CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | - | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | - | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | - | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 roport 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 ap address.

SHRILA JAUTHAN 4-21-91

FILED

May 01 1998 8:00am

Secretary of State

(813/822-2270