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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 24 1997 8:00am

Secretary of State

## POCUMENT # F9600005156 (2)

ASSOCIATES HOUSING FINANCE SERVICES, INC.

DÉARBORN MI 48121

Principal Place of Business Mailing Address					[ 100   100   110   101	88(f)
PO BOX 680237 DALLAS TX 75266-0237		PO BOX 660237 DALLAS TX 75266-0237				
					3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			51-0377052	Not Applicable
Sulte, Apt.	₩, ΘIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State	<u> </u>	City & State			Fee Required	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7ip	Country	·	······································	
24	<b>├</b> ── '		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
=1	9. Name and Address of Current				10. Name and Address of New Reg	
COF	RPORATION SERVICE COMPANY		81	Name		
1201 HAYS STREET			82	Ctroot Ade	dress (P.O. Box Number is Not Acceptabl	1-2
	LAHASSEE FL 32301-2525		62	alleel Aut	diess (r.o. Box Noriber is Not Acceptable	.0)
			83			
			84			[0-1] 31 O t
	:·		64	City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes,         office or registered agont, or both, in the State of Florida Such change was auth         agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida</li> </ol>				e-named cor	rporation submits this statement for the pr	urpose of changing its registered
agent. I a	egistered agont, or born, in the State om familiar with, and accept the obligat	of Florida, Such change was tions of, Section 607,0505, F.	aumonized by Iorida Stalutes	7 trie corpora 8.	ation's board of directors. Thereby accept	t the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			ent signature requ	uired when reinstating)	DATE
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD Marshall, Harold D	☐ DELETE	1.1 TOLE			☐ Change ☐ Addition
NAME	ARA AARACHTCA CACCUUUV		1.2 NAME			
STREET ADDRESS	IRVING TX 75062-2729		1.3 STREET			
CITY-ST-ZIP TITLE	TOTLETE		1.4 CHY-S 2.1 THE	1- 7IP		Change Addition
NAME	HUGHES, JOHN F		2.7 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	250 CARPENTER FREEWAY			ADDDE DO		
CITY-ST-ZIP	IRVING TX 75062-2729		2.3 STREET ADDRESS 2.4 CITY-ST-2IP			
TITLE	V DELETE		3.1 TIME	51-211		Change Addition
NAME	JOVEN, ROBERT W		3.2 NAME			
STREET ADDRESS	250 CARPENTER FREEWAY		3.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75062-2729	MINO TV 75000 0700		ST - 719		
TITLE	S	DELETE	4.1 TITLE			Change Addition
NAME	HAYES, TIMOTHY M		4. 2 NAME			
STREET ADDRESS	250 CARPENTER FREEWAY		4.3 STREET ADDRESS			
CITY-ST-ZIP	IRVING TX 75062-2729		4.4 CITY - S1 - ZIP			
TITLE	VS	☐ DELETE	5.1 101LF			☐ Change ☐ Addition
NAME	GREENE, PATRICK J		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	IRVING TX 75062-2729		54 CITY-S	T - 71P		
TITLE	· =		61 INCF			Change Addition
NAME	SWAN, PAUL A		62 NAME	Ì		
STREET ADDRESS	THE AMERICAN RD., WHO		63 STREET	ADDRESS		

14. I do 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.