

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90115 044 ***150.00

DOCUMENT # K52564

1. Corporation Name

AFFORDABLE RETIREMENT CORPORATION

Principal Place of Business

2033 WOOD STREET
SUITE 218
SARASOTA FL 34237
US

Mailing Address

P.O. BOX 4019
SARASOTA FL 34237
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1988

4. FEI Number

65-0089587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

WATERS, GILBERT
1751 MOUND ST STE 104
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81. Name

GILBERT WATERS

82. Street Address (P.O. Box Number is Not Acceptable)

1740 Wisconsin Lane

83.

84. City
Sarasota

FL

85. Zip Code
34239

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 registered agent and the, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☒ DELETE
NAME **WATERS, GILBERT**
STREET ADDRESS **1751 MOUND STREET, SUITE 105**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☒ DELETE
NAME **SCHAERF, ELISABETH**
STREET ADDRESS **1751 MOUND ST SUITE 105**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDT** ☒ Change ☐ Addition
1.2 NAME **WATERS, GILBERT**
1.3 STREET ADDRESS **1740 Wisconsin Lane**
1.4 CITY-ST-ZIP **Sarasota, Florida**

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
2.2 NAME **WATERS, ELISABETH**
2.3 STREET ADDRESS **1740 Wisconsin Lane**
2.4 CITY-ST-ZIP **SARASOTA, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GILBERT WATERS, as president

3-15-99

Date

941 957 0110

Daytime Phone #

0470513

CR2E034 (1/98)