

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L17335 (5)

1. Corporation Name

AFFORDABLE FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

1752 S STATE ROAD 7  
N LAUDERDALE FL 33068

1752 S STATE ROAD 7  
N LAUDERDALE FL 33068  
US

3. Date Incorporated or Qualified  
09/21/1989

3a. Date of Last Report  
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 705 S. STATE ROAD 7

26 705 S. STATE ROAD 7

4. FEI Number

65-0144929

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐ No

23 City & State

MARGATE FL

27 City & State

MARGATE FL

24 Zip

33068

25 Country

USA

29 Zip

33068

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAZARO, SPIRO  
1752 S STATE ROAD 7  
N LAUDERDALE FL 33068

81 Name

NA

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

83

84 City

FL

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

NA

Signature typed or printed name of registered agent and the if applicable

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

Date

7/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LAZAROU, SPIRO  
CITY - ST - ZIP 2871 NE 18 ST.  
POMPANO BCH 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME V  
1.3 STREET ADDRESS MARTINEZ, HENRY  
1.4 CITY - ST - ZIP 5940 NW 55TH MANOR  
CORAL SPRINGS, FL, 33067

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME S  
2.3 STREET ADDRESS AMANNA, PANAGIOTA  
2.4 CITY - ST - ZIP 6730 KIMBERLY BLVD  
N. LAUDERDALE, FL, 33068

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME T  
3.3 STREET ADDRESS LAZARO WENDY  
3.4 CITY - ST - ZIP 2871 NE 18TH ST  
POMPANO BEACH, FL, 33068

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 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 indicated on the 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

7/11/96 (954) 974-3313 Ext. 12

CR2E034 (3/96)