

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M23857 (9)

1. Corporation Name

AFFORDABLE PORTABLES, INC.



Principal Place of Business

Mailing Address

**2848 N. STATE RD. 7
HOLLYWOOD FL 33021-2707**

**2848 N. STATE RD. 7
HOLLYWOOD FL 33021-2707**

2. Principal Place of Business

21 **2848 N. ST. RD. 7.**

Suite, Apt. #, etc.

22 City & State

23 **HOLLYWOOD, FL.**

24 Zip

33021

Country

25 **BROWARD**

2a. Mailing Address

26 **2848 N. ST. RD. 7.**

Suite, Apt. #, etc.

27 City & State

28 **HOLLYWOOD, FL.**

29 Zip

33021

Country

30 **BROWARD**

3. Date Incorporated or Qualified

11/26/1985

3a. Date of Last Report

07/13/1995

4. FEI Number

59-2654167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSEMELLIA, JAMES
11425 N.W. 10TH STREET
PEMBROKE PINES FL 33026**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 in the State of Florida

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

**ROSEMELLIA, GERALD
2848 N. STATE ROAD 7
HOLLYWOOD FL**

☒ DELETE

CITY-ST-ZIP

TITLE

T

NAME

**ROSEMELLIA, CARMEN
4130 SW 56TH TERRACE
DAVIE FL**

☒ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

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STREET ADDRESS

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☐ 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V.P.

**ROSEMELLIA, JAMES.P.
2848 N. ST. RD. 7
HOLLYWOOD, FL. 33021**

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 on an attachment with an address.

SIGNATURE: JAMES ROSEMELLIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96

Date

Daytime Phone #

CR2E034 (12/95)