

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 # M84703

(1)

1. Corporation Name

ATTAINABLE PROPERTIES, INC.



Principal Place of Business

Mailing Address

2431 ALOMA AVENUE  
SUITE 243  
WINTER PARK FL 32792  
US

P. O. BOX 74  
GOLDENROD FL 32733-0074  
US

3. Date Incorporated or Qualified  
06/09/1988

3a. Date of Last Report  
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 4965 Palmetto Ave  
Suite, Apt. #, etc.  
22 Suite 6

26 Suite, Apt. #, etc.  
27

23 City & State  
Winter Park FL

28 City & State

24 Zip  
32792  
25 Country  
US

29 Zip  
30 Country

4. FEI Number  
59-2892825

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, CARYL R.  
2431 ALOMA AVENUE, S 243  
WINTER PARK FL 32792

81 Name Stevens, Caryl R.  
82 Street Address, P.O. Box Number is Not Acceptable  
4965 Palmetto Ave, Ste 6  
83 Winter Park  
84 City FL 85 Zip Code 32792

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

*Caryl R. Stevens, President*  
Signature, Title, or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

7/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
STEVENS, CARYL R.  
1802 WINTERGREEN BLVD  
WINTER PARK FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
ROBBINS, ROBIN S.  
4056 SAN SERVERA DR S  
JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
SD  
ROBBINS, ROBIN S.  
8443 SAN MARTA RD Dr. West  
JACKSONVILLE FL 32217

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

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  
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

*Caryl R. Stevens* CARYL R. STEVENS 7/23/96 407 678-1769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)