


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90156 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N04000004672		
1. Corporation Name TRI COUNTY AFFORDABLE HOUSING, INC.		

Principal Place of Business 3600 S. ROAD 7 SUITE 209 MIRAMAR FL 33023	Mailing Address 3600 S. ROAD 7 SUITE 209 MIRAMAR FL 33023
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1998	
21		26		4. FEI Number 65-0884164	Applied For No: Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CLARKE, L. ALEXANDER 3600 S. ROAD 7 SUITE 209 MIRAMAR FL 33023		81 Name ANDRE DOUSE 82 Street Address (P.O. Box Number is Not Acceptable) 3600 S. ST. RD 7 SUITE 209 83 MIRAMAR 84 City MIRAMAR FL 85 Zip Code 33023	

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: ANDRE DOUSE *Andre Douse* DATE: 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLARKE, L. ALEXANDER		1.2 NAME ANDRE DOUSE	
STREET ADDRESS 3600 S. ROAD 7, SUITE 209		1.3 STREET ADDRESS 3600 S. ST. RD 7 SUITE 209	
CITY-ST-ZIP MIRAMAR FL 33023		1.4 CITY-ST-ZIP MIRAMAR FL 33023	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME LINDA JACKSON	
STREET ADDRESS		2.3 STREET ADDRESS 3600 S. ST. RD 7 SUITE 209	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIRAMAR FL 33023	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME FREEMAN WILKES	
STREET ADDRESS		3.3 STREET ADDRESS 3600 S. ST. RD 7 SUITE 209	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIRAMAR FL 33023	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with a I other like empowered.

SIGNATURE: *Andre Douse* DATE: 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)