FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

1995

DOCUMENT # N92000000433 (4)

AFFORDABLE QUALITY HOUSING, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1177 TOM GURNEY DRIVE
WINTER PARK FL 32789

1177 TOM GURNEY DRIVE
WINTER PARK FL 32789

3. Date Incorporated/Qualified: 11/20/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3166881 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. [illegible] — $5.00 May Be Added to Fees
7. Nonprofit with dissolution for liquid status — $68.75 Supplemental Fee Not Required
8. This corporation has filed, or is eligible to file under S. 193.032, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

HOEKSEMA, DOUGLAS A
1177 TOM GURNEY DRIVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, 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 duties of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
HOEKSEMA, DOUGLAS A
1177 TOM GURNEY DRIVE
WINTER PARK FL 32789

~~D~~
~~COLLISON, HARRY C JR.~~
~~P.O. BOX 2129 N/A~~
~~WINTER PARK FL 32790~~

~~D~~
~~ROSS, THOMAS T~~
~~255 S. ORANGE AVE.~~
~~ORLANDO FL 32801~~

13. ADDITIONAL OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

D [ ] Change [X] Addition
Black, James
745 Orienta Ave #1121
Altamomte Springs, FL 32701

D [ ] Change [X] Addition
Knobler, Igal
390 North Orange Ave #1100
Orlando, FL 32801

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information contained herein, including any attachments, is true and accurate and that the proper fee has been included. I further certify that the enclosed or attached annual report or supplemental annual report is true and accurate and that the signature shown below is the same as that on file with the Department of State for the officer or director required to execute the report as required by Chapter 607, Florida Statutes, and that, upon request, I will furnish a copy of the articles of incorporation or articles of organization, as amended, if requested.

SIGNATURE: [signature] 4/27/95 — 407 645-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0032020