1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000433

1. Corporation	ABLE QUALITY HOUSING,	INC.							
Principal Place	e of Business	Mailing Address			-	1			
541 SOUTH ORLANDO 541 SOUTH ORLANDO STE. 210 STE. 210 MAITLAND FL 32751 MAITLAND FL 32751 US US									
2. Principal Place of Business 2a. Mailing A			ng Address			Date Incorporated or Qualifed 11/20/1992			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number 59-3166881		<u> </u>	plied For t Applicable
City & Stat	9	City & State				5. Certifcate of Status Desired		\$8.75 / Fee Re	
Zip	Country	Zip	Col	untry		6. Election Campaign Financing		\$5,00	May Be
24	25	29	30			Trust Fund Contribution		Added 1	o Fees
	9. Name and Address of Curren	t Registered Agent		↓.,		10. Name and Address of New	Registered /	\gent_	
				81	Name				
HOEKSEMA, DOUGLAS A M77 TOM GURNEY DRIVE				82	Street Addi	ress (P.O. Box Number is Not Accep			
	'ARK FL 32789			83					
				84	City		FL	85 Zip (Code
office or t	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligation of Signature, typed or printed name of registered ager	of Florida. Such change wa tions of, Section 617.0503,	s autnorize Florida Sta	tutes.	trie corporati	on's board of directors. I hereby acce	pt the appoir	itment as re	gistered
12.		D DIRECTORS	13.		t agriature require	ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE	D	DELETE		m.e			_	Change	Addition
NAME	HOEKSEMA, DOUGLAS A	_	1.21	IAME					
	ELL COURT COLLUDO VOLO				ADDRESS				
STREET ADORESS	MAITLAND FL		- 1	CITY-ST	1				
CITY-ST-ZIP TITLE	D	☐ DELETE		TITLE	-211			Change	Addition
NAME	ZANOWICK, JOAN	<u> </u>		NAME					
STREET ADDRESS	EAA OOLITTI OOLANDO BOAO				ADDRESS				
	MAITLAND FL			CITY-S					
CITY-ST-ZIP TITLE	D	DELETE	_	IIILE			_	☐ Change	☐ Addition
NAME	WOOD, EDWARD	-	3.2	NAME					
STREET ADDRESS	*** *** **** ***** ****		3.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	MAITLAND FL		1	CITY-S					
TITLE		☐ DELETE		TITLE				Change	☐ Addition
NAME			4, 2	NAME					
STREET ADDRESS			4.3 9	STREET	ADDRESS				
CITY-ST-ZIP				CITY-ST					
TITLE		DELETE		ITTLE				Change	Addition
NAME			5.21	NAME.					
STREET ADDRESS	Ţ		5.3 8	STREET	ADDRESS				
CITY-ST-ZIP			5.4 (CITY-S1	r-zip				
TITLE		□ DELETE	6.1	ΓΙΤLΕ		-	_	Change	☐ Additio

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 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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE JOSON & RESPONSE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 Date

Daytime Phone #

May 10, 1999 8:00 am § Secretary of State

05-10-1999 90039 050 ****61.25

(ROE037 (11/98)