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Jul 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005420 (5)

1. Corporation Name

AFFORDABLE HOUSING INSTITUTE, INC.



Principal Place of Business

Mailing Address

2121 B CAMDEN ROAD
ORLANDO FL 32803

2121 B CAMDEN ROAD
ORLANDO FL 32803-1431

3. Date Incorporated or Qualified 11/15/1993
3a. Date of Last Report 03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number 59-3223001
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

NOLAN, WILLIAM T
2121 B. CAMDEN ROAD
ORLANDO FL 32803

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for officers and directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first three rows are filled with Nolan, Robert C, Nolan, John G, and Nolan, William T. Each row has a 'DELETE' checkbox.

Table with 6 rows for additions/changes. Each row includes Title, Name, Street Address, and City-ST-ZIP. Each row has 'Change' and 'Addition' checkboxes.

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

SIGNATURE _____ DATE 7/14/97

CR2E037 (9/96)