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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000372 (0)

1. Corporation Name

AFFORDABLE HOUSING CONCEPTS, INC.

Principal Place of Business

Mailing Address

2809 HARDER OAKS AVENUE
VALRICO FL 33594

2809 HARDER OAKS AVENUE
VALRICO FL 33594-4238

3. Date Incorporated or Qualified
01/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1729 Hwy 60 EAST

25 1729 Hwy 60 EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Valrico, FL

28 Valrico, FL

Zip

Zip

24 33594

29 33594

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BEAUCHAINE, DEANNE S
STREET ADDRESS 2809 HARDER OAKS AVENUE
CITY-ST-ZIP VALRICO FL 33594

TITLE STD ☐ DELETE

NAME BEAUCHAINE, MICHAEL E
STREET ADDRESS 2809 HARDER OAKS AVENUE
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☒ DELETE

NAME MILLS, PETER D
STREET ADDRESS 2809 HARDER OAKS AVENUE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

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 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: Michael E. Beauchaine VP 4/14/97 813-655-1900

CR2E037 (9/96)