


FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001007 (1)**

1. Corporation Name

**THE AFFORDABLE HOME CENTER, INC.**

Principal Place of Business	Mailing Address
200 E. COMMERCIAL ST. SUITE 3 SANFORD FL 32771	200 E. COMMERCIAL ST. SUITE 3 SANFORD FL 32771



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	02/22/1996
4. FEI Number	59-3381225
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
HILLMAN, MARY L 200 E. COMMERCIAL ST. SUITE 3 SANFORD FL 32771

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILLMAN, MARY L	
STREET ADDRESS	130 SANORA BLVD.	
CITY-ST-ZIP	SANFORD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRAHAM, LATESA	
STREET ADDRESS	120 COUNTRY CLUB DR	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIETRICH, DORIS M	
STREET ADDRESS	204 TANGERINE DR.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DORIS M. DIETRICH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	204 TANGERINE DR	
1.4 CITY-ST-ZIP	SANFORD FL 32771	
2.1 TITLE	SEC. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT BROHAN	
2.3 STREET ADDRESS	200 E COMMERCIAL ST #3	
2.4 CITY-ST-ZIP	SANFORD, FL 32771	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HERMAN NATHAN	
3.3 STREET ADDRESS	203 W 26TH ST	
3.4 CITY-ST-ZIP	SANFORD, FL 32773	
4.1 TITLE	EX DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY L HILLMAN	
4.3 STREET ADDRESS	200 E COMMERCIAL ST #3	
4.4 CITY-ST-ZIP	SANFORD, FL 32771	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L Hillman *Mary L Hillman* 3/24/98 407-321-8333

CR2E037 (10/97)