

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20027 (9)

1. Corporation Name
ADVANTAGED HOUSING ASSOCIATES INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285 US	Mailing Address FIRT DATA INVESTOR SRVICES GROUP P.O. BOX 1527 BOSTON MA 02104 US
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3. Date Incorporated or Qualified
07/12/1988

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. Country	30. Country

4. FEI Number
11-2746757

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, PAUL	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10013 10285	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PETROW, DONALD E.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANSON, KAREN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, NOEL	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DUFFY, MALACHY	
STREET ADDRESS	53 STATE ST 7TH FL	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GRIESINGER, CYNTHIA	
STREET ADDRESS	53 STATE ST 7TH FL	
CITY-ST-ZIP	BOSTON MA 02109	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ODELL, DOREEN	
1.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER, 29TH FLOOR	
1.4 CITY-ST-ZIP	NEW YORK NY 10285	
2.1 TITLE	Berkowitz, Joan	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		21P
2.3 STREET ADDRESS	3 World Financial Center, 29th Floor	
2.4 CITY-ST-ZIP	NEW YORK, NY 10285	
3.1 TITLE	S Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARRE, JENNIFER	
3.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER, 29TH FLOOR	
3.4 CITY-ST-ZIP	NEW YORK, NY 10285	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARC. A. SILVERMAN	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DUFFY, MALACHY	
5.3 STREET ADDRESS	53 State Street, BOS 868, LPA	21P
5.4 CITY-ST-ZIP	BOSTON, MA 02109	
6.1 TITLE	ASSISTANT TREASURER (AT)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GRIESINGER, CYNTHIA	21P
6.3 STREET ADDRESS	53 STATE STREET, BOS 868	
6.4 CITY-ST-ZIP	BOSTON, MA 02109	

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

SIGNATURE: _____ 3/31/98 1127573-1103

CR2E034 (10/97)