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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

Mar 30 1998 8:00am

Secretary of State

DOCUMENT #

TITLE MALAF

STREET ADDRESS

P92000002819 (0)

HERITAGE AFFORDABLE HOUSING, INC.

Principal Place of Business Mailing Address 450 CHALLENGER ROAD 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1992 2. Principal Place of Business 2a. Mailing Address Applied For 59-3148897 Not Applicable 21 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 \Box Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name POPP, GREGORY A ESQ. **450 CHALLENGER ROAD** Street Address (P.O. Box Number is Not Acceptable) CAPE CANAVERAL FL 32920 83 84 City Zip Code 85 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 Signature, typed or punted name of mystured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NAME MCPHILLIPS, MICHAEL 1.2 NAME 450 CHALLENGER ROAD STREET ADDRESS 1.3 STREET ADORESS Cape Canaveral Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCPHILLIPS, JACQUELINE 2.2 NAME NAME **450 CHALLENGER ROAD** STREET ADDRESS 2.3 STREET ADDRESS CAPE CANAVERAL FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE HARTMAN, MICHAEL NAME 3.2 NAME 450 CHALLENGER ROAD STREET ADDRESS 3.3 STREET ADDRESS CAPE CANERVAL FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE COLVARD, ALISON MAME 4. 2 NAME 450 CHALLENGER ROAD STREET ADDRESS 4.3 STREET ADDRESS CAPE CANAVERAL FL 32920 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TO LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition

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 ALISON KERR - HULL COLVARD 3/23/98 407-799-4090

61 III F

62 NAME

6.3 STREET ADDRESS