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

PROFIT CORPORATION **ANNUAL REPORT**

1997

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000077091 (5)

AFFORDABLE LANDMARKS FOR LIVING. INC. Principal Place of Business Mailing Address 528-A CLEMATIS STREET **528-A CLEMANS STREET** WEST PALM BEACH FL 33401-5304 W. PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1993 06/05/1996 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 65-0452400 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Z_{1D} 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAWRENCE CORNING Namo 513 1/2 CLEMATIS STREET 82 Street Address (P.O. Box Number is Not Acceptable) W. PALM BEACH FL 33401 83 84 City 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 Signature, typed or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE Change Addition TITLE 1.1 Tille CORNING, LAWRENCE NAME 1.2 NAME CR2E034 513 1/2 CLEMATIS STREET STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY-S1-7IP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAM STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - 7IP DELETE Change Addition TITLE 3171111 NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DFLETE 4.1 THE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREEL ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 THE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 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 directly of the corporation or the receiver or trusted 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 of on an attachment with an address. 11/K 197

CM2.11.1

FILED

Apr 24 1997 8:00am

Secretary of State