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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000078428 (8)

STATE ROAD HOLDING CORP.

B 1 - 1 - 1 B	10					####
Principal Place of Business Mailing Address						
O/O AFFORDABLE FINANCE		C/O AFFORDABLE FINANCE				
705 8 STATE F MARGATE FL S		705 S STATE ROAD 7 MARGATE FL 33068-2803				
manage it is		MULIONIE LE ASSOCIATION			3. Date Incorporated or Qualified	3a. Date of Last Report
					11/12/1993	07/17/1996
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			65-0449746	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate bi Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Bo
23		28	·		Trust Fund Contribution	L.J Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for it	
24	25		30		Florida Statutes X	Yes No
<u> </u>	9, Name and Address of Curren	i Hegistered Agent	B1	Name _	10. Name and Address of New Reg	gistered Agent
LAZARO, SPIRO				SPIR	A LAZAROU	
1655 SOUTH STATE ROAD 7			82 Street Address (P.O. Box Number is Not Acceptable)			
NOR	ITH LAUDERDALE FL 33068		83	705	S. STATE ROAD 7	
ļ			63			
			84	City		85 Zip Code
dd Dinnigant	to the provide Self Continue COZ DED	0 and 007 1000 Claude District		MARGA	† E	FL 33066
office or r	egistered agent or both, in the State	of Florida, Such change was a	s, the above- ulherized by t	the corporation	## pration submits this statement for the p on's hoard of directors. I hereby accep	t the appointment as registered
agent. I a	m familiar with and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.			W 44 0=
SIGNATURE	N-11-W/				d when reinstating)	4-16-97
12.	OFFICERS AND		13.	Cuignation (Equity	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 DILE			Change Addition
NAME	LAZARO, SPIRO		1.2 NAME			
STREET ADDRESS	2871 NE 18TH ST		1.3 STREET A	DDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33068		1.4 CITY-ST	- ZIP		
TITLE	٧	DELETE	2.1 71TLE			Change Addition
NAME	LAZARO, WENDY		2.2 NAME			
STREET ADDRESS	2871 NE 18TH ST		2.3 STREET A	DDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062	_	2.4 City - ST	- ZIP	·	
TITLE	ST	DELETE	3.1 TITLE			Change Addition
NAME	Panagiota, amanna		3.2 NAME		• -	
-STREET ADDRESS	6730 KIMBERLY BLVD		3.3 STREET A	DDRESS		
CITY-ST-ZIP	N LAUDERDALE FL 33068		34 CITY-ST	- ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAME	}		
STREET ADDRESS			4 3 STREET A	DDRESS		
CITY-ST-ZIP			44 CITY-ST-	ZIP		
TITLE		☐ DELETE	51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY - ST-	- 7(P		
TITLE		☐ DELFTE	G.1 THILF			Change Addition
NAME			G.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
	_			- I		

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 eath; 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

11-11-00