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

POCUMENT # P9400005082 (0)

AFFORDABLE CONSTRUCTION CONTRACTORS, INC.

FILED	
Feb 11 1998 8:00am	Ĺ
Secretary of State	

Principal Place of Business Mailing Address						
11098 BISCAYNE BLVD 11098 BISCAYNE BLVD.						
SUITE #203 SUITE #203 MIAMI FL 33161 MIAMI FL 33161				DO NOT WRITE IN THIS SPACE		
US	•	U\$			3. Date Incorporated or Qualified	
					01/12/1994	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Apt	# ata	Suite, Apt, #, etc.		···	65-0465567	Not Applicable
22	#, G (C.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	_		Trust Fund Contribution	Added to Fees
Zip Country		Zip			8. This corporation owes or has pa	
24	9. Name and Address of Curre	nt Pacintared Agent	30]		Personal Property Tax due June	
		iit nagistarad Againt	81	Name	10. Name and Address of New Re	gistered Agent
	ENIGSBERG, STUART L 198 BISCAYNE BLVD.					
;	ITE 203		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
1	AMI FL 33161		83			
, .			84	City		85 Zip Code
						FL
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	tes, the above	re-named corp	oration submits this statement for the plant ion's board of directors. I hereby accept	ourpose of changing its registered
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, F	lorida Statute	18.	ion a board of directors. Thereby accept	at the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	761O	7F 6 - 33 - 37			
12.		ID DIRECTORS	13.	ent signature requiri	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	KOENIGSBERG, STUART L		1.2 NAME			
STREET ADDRESS	11098 BISCAYNE BLVD SUIT	E #203	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME	•		2.2 NAMÉ	ŀ		
STREET ADDRESS			. I	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		Change Addition
NAME		DEFEN	3.2 NAME			El canife El vacinon
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE	91 11	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME			-
STREET ADDRESS			4.3 STREE	F ADDRESS		
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP		
TITLE		☐ DELETE				Change Addition
NAME			5.2 NAME			i
STREET ADDRESS			5.3 STREET	r address		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		
TITLE		☐ DELET E	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	- 1		
CITY-ST-ZIP		Service to a TM I	6.4 CITY - S	ST- ZIP	0.000	

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 13 if changed, or on an attachment with an address.