
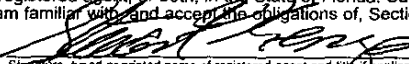


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90007 004 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000005082</b>					
1. Corporation Name <b>AFFORDABLE CONSTRUCTION CONTRACTORS, INC.</b>					
Principal Place of Business 11098 BISCAYNE BLVD SUITE #203 MIAMI FL 33161 US			Mailing Address 11098 BISCAYNE BLVD. SUITE #203 MIAMI FL 33161 US		
2. Principal Place of Business 21 <b>6356 Manor Lane</b> Suite, Apt. #, etc. 22 <b>Suite 103</b> City & State 23 <b>South Miami, FL</b> Zip 24 <b>33143</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>6356 Manor Lane</b> Suite, Apt. #, etc. 27 <b>Suite 103</b> City & State 28 <b>South Miami, FL</b> Zip 29 <b>33143</b> Country 30 <b>US</b>		3. Date Incorporated or Qualified <b>01/12/1994</b>	
		4. FEI Number <b>65-0465567</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KOENIGSBERG, STUART L</b> <b>11098 BISCAYNE BLVD.</b> <b>SUITE 203</b> <b>MIAMI FL 33161</b>			10. Name and Address of New Registered Agent 81 Name <b>Koenigsberg, Stuart L</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6356 Manor Lane</b> 83 <b>Suite 103</b> 84 City <b>South Miami</b> FL 85 Zip Code <b>33143</b>		
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 if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PST <input type="checkbox"/> DELETE				
NAME	<b>KOENIGSBERG, STUART L</b>				
STREET ADDRESS	<b>11098 BISCAYNE BLVD SUITE #203</b>				
CITY-ST-ZIP	<b>MIAMI FL</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	<b>Koenigsberg, Stuart L</b>				
1.3 STREET ADDRESS	<b>6356 Manor Lane Suite 103</b>				
1.4 CITY-ST-ZIP	<b>South Miami, FL 33143</b>				
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	<b>Koenigsberg, Deborah B</b>				
2.3 STREET ADDRESS	<b>6356 Manor Lane Suite 103</b>				
2.4 CITY-ST-ZIP	<b>South Miami, FL 33143</b>				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0234366