

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

0234366

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
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DOCUMENT # P94000005082
 1. Corporation Name
AFFORDABLE CONSTRUCTION CONTRACTORS, INC.



Principal Place of Business 11098 BISCAYNE BLVD SUITE #203 MIAMI FL 33161 US	Mailing Address 11098 BISCAYNE BLVD. SUITE #203 MIAMI FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6356 Manor Lane Suite, Apt. #, etc. 22 Suite 103 City & State 23 South Miami, FL Zip 24 33143 Country 25 US	2a. Mailing Address 26 6356 Manor Lane Suite, Apt. #, etc. 27 Suite 103 City & State 28 South Miami, FL Zip 29 33143 Country 30 US
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3. Date Incorporated or Qualified 01/12/1994	4. FEI Number 65-0465567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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
KOENIGSBERG, STUART L
11098 BISCAYNE BLVD.
SUITE 203
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name Koenigsberg, Stuart L
82 Street Address (P.O. Box Number is Not Acceptable) 6356 Manor Lane
83 Suite 103
84 City South Miami FL 85 Zip Code 33143

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PST	
NAME	KOENIGSBERG, STUART L	
STREET ADDRESS	11098 BISCAYNE BLVD SUITE #203	
CITY-ST-ZIP	MIAMI FL	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PST	<input checked="" type="checkbox"/>	
1.2 NAME	Koenigsberg, Stuart L		
1.3 STREET ADDRESS	6356 Manor Lane Suite 103		
1.4 CITY-ST-ZIP	South Miami, FL 33143		
2.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Koenigsberg, Deborah B		
2.3 STREET ADDRESS	6356 Manor Lane Suite 103		
2.4 CITY-ST-ZIP	South Miami, FL 33143		
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			

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, with all other like empowered.

SIGNATURE *[Signature]* DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)