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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010243 (1)

1. Corporation Name

INTERSTATE AFFORDABLE HOUSING, INC.



Principal Place of Business

**2239 COVENTRY DRIVE
WINTER PARK FL 32792**

Mailing Address

**P O BOX 696
GOLDENROD FL 32733-0696**

2. Principal Place of Business

2a. Mailing Address

21 7948 Dunstable Circle

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, Florida

28

Zip

Country

Zip

Country

24 32817

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLOUGHBY, THOMAS M
2239 COVENTRY DRIVE
WINTER PARK FL 32792**

81 Name

Alan S. Murphy, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

7948 Dunstable Circle

83 City

84 City

Orlando

FL

85 Zip Code

32817

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 **Alan S. Murphy, Jr.**

4/12/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required for corporations)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MURPHY, ALAN S JR**
STREET ADDRESS **7948 DUNSTABLE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☒ DELETE
NAME **WILLOUGHBY, THOMAS M**
STREET ADDRESS **2239 COVENTRY DR**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Alan S. Murphy, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

407 677 6727

Date

Daytime Phone #

CR2E034 (12/95)