

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 19 AM 2:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000082838 (1)**

To: Corporation Number

**TECTON AFFORDABLE HOUSING, INC.**

Principal Place of Business  
**TWO SOUTH UNIVERSITY DRIVE, STE. 325  
PLANTATION FL 33324**

Mailing Address  
**TWO SOUTH UNIVERSITY DRIVE, STE. 325  
PLANTATION FL 33324**

(DO NOT WRITE IN THIS SPACE)

|                                                                                                                                                                   |                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br><b>11/14/1994</b>                                                                                                     | <b>3a. Date of Last Report</b>                                       |
| <b>4. FEI Number</b><br><b>65-0537665</b>                                                                                                                         | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>                                                                            | <b>\$5.00 May Be Added to Fees</b>                                   |
| <b>8. This corporation has liability for intangible tax under S. 106.012 Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                      |

|                                       |                                |
|---------------------------------------|--------------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b>     |
| <b>21. State, Apt. #, etc.</b>        | <b>26. Suite, Apt. #, etc.</b> |
| <b>22. City &amp; State</b>           | <b>27. City &amp; State</b>    |
| <b>23. Zip</b>                        | <b>28. Zip</b>                 |
| <b>24. Country</b>                    | <b>29. Country</b>             |
| <b>25. Country</b>                    | <b>30. Country</b>             |

**9. Name and Address of Current Registered Agent**

**FIRESTONE, GEORGE  
TWO SOUTH UNIVERSITY DRIVE, STE. 325  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

|                                                               |           |
|---------------------------------------------------------------|-----------|
| <b>81. Name</b>                                               |           |
| <b>82. Street Address (P.O. Box Number is Not Acceptable)</b> |           |
| <b>83. City</b>                                               |           |
| <b>84. City</b>                                               | <b>FL</b> |
| <b>85. Zip Code</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**

**12. OFFICERS AND DIRECTORS**

|                           |  |
|---------------------------|--|
| <b>1. TITLE</b>           |  |
| <b>2. NAME</b>            |  |
| <b>3. STREET ADDRESS</b>  |  |
| <b>4. CITY, ST, ZIP</b>   |  |
| <b>5. TITLE</b>           |  |
| <b>6. NAME</b>            |  |
| <b>7. STREET ADDRESS</b>  |  |
| <b>8. CITY, ST, ZIP</b>   |  |
| <b>9. TITLE</b>           |  |
| <b>10. NAME</b>           |  |
| <b>11. STREET ADDRESS</b> |  |
| <b>12. CITY, ST, ZIP</b>  |  |
| <b>13. TITLE</b>          |  |
| <b>14. NAME</b>           |  |
| <b>15. STREET ADDRESS</b> |  |
| <b>16. CITY, ST, ZIP</b>  |  |
| <b>17. TITLE</b>          |  |
| <b>18. NAME</b>           |  |
| <b>19. STREET ADDRESS</b> |  |
| <b>20. CITY, ST, ZIP</b>  |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |                              |                                                                              |
|---------------------------|------------------------------|------------------------------------------------------------------------------|
| <b>1. TITLE</b>           | <b>FCD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>2. NAME</b>            | <b>George Firestone</b>      |                                                                              |
| <b>3. STREET ADDRESS</b>  | <b>10414 Bermuda Drive</b>   |                                                                              |
| <b>4. CITY, ST, ZIP</b>   | <b>Cooper City, FL 33026</b> |                                                                              |
| <b>5. TITLE</b>           | <b>STD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>6. NAME</b>            | <b>Nola A. Firestone</b>     |                                                                              |
| <b>7. STREET ADDRESS</b>  | <b>10414 Bermuda Drive</b>   |                                                                              |
| <b>8. CITY, ST, ZIP</b>   | <b>Cooper City, FL 33026</b> |                                                                              |
| <b>9. TITLE</b>           |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>10. NAME</b>           |                              |                                                                              |
| <b>11. STREET ADDRESS</b> |                              |                                                                              |
| <b>12. CITY, ST, ZIP</b>  |                              |                                                                              |
| <b>13. TITLE</b>          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>14. NAME</b>           |                              |                                                                              |
| <b>15. STREET ADDRESS</b> |                              |                                                                              |
| <b>16. CITY, ST, ZIP</b>  |                              |                                                                              |
| <b>17. TITLE</b>          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>18. NAME</b>           |                              |                                                                              |
| <b>19. STREET ADDRESS</b> |                              |                                                                              |
| <b>20. CITY, ST, ZIP</b>  |                              |                                                                              |

**14. I, the undersigned, certify that the information supplied with this form was voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report is 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, if changed, on this annual report with an address.**

**SIGNATURE:**

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**George Firestone 1/23/95**

**(305) 423-4100**