

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082838 (1)

1. Corporation Name
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 33324-3307
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2. Principal Place of Business 21 10414 BERMUDA DR. Suite, Apt. #, etc.		2a. Mailing Address 26 10414 BERMUDA DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/14/1994	3a. Date of Last Report 04/02/1996
22 City & State 23 COOPER CITY, FL Zip 24 33026		27 City & State 28 COOPER CITY, FL Zip 29 33026		4. FEI Number 65-0537665	Applied For Not Applicable
25 BROWARD		30 BROWARD		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name GEORGE FIRESTONE
82 Street Address (P.O. Box Number is Not Acceptable) 10414 BERMUDA DR.
83
84 City COOPER CITY
85 Zip Code FL 33026

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRESTONE, GEORGE	1.2 NAME	
STREET ADDRESS	10414 BERMUDA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRESTONE, NOLA A	2.2 NAME	
STREET ADDRESS	10414 BERMUDA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 its 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 as an attachment with an address.

SIGNATURE:

4/25/97 (205) 374-6006

CR2E034 (9/96)