

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

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 AUG 13 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087804 (8)

1. Corporation Name

AFFORDABLE HOMES OF ORLANDO, INC.



Principal Place of Business

3 LAMPLITE CT.
CASSELBERRY FL 32707

Mailing Address

3 LAMPLITE CT.
CASSELBERRY FL 32707-4909

2. Principal Place of Business

21 283 N. Northlake Blvd.

Suite, Apt. #, etc.

22 Suite 111

City & State

23 Altamonte Springs

Zip

24 32701

Country

25 USA

2a. Mailing Address

26 283 N. Northlake Blvd.

Suite, Apt. #, etc.

27 Suite 111

City & State

28 Altamonte Springs

Zip

29 32701

Country

30 USA

3. Date Incorporated or Qualified

11/30/1994

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3284429

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCELROY, THOMAS J
3 LAMPLITE CT.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

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

283 N. Northlake Blvd.

83 Ste 111

84 City

Altamonte Springs

FL

85 Zip Code

32701

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, 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 change of agent, Section 607.0505, Florida Statutes.

SIGNATURE

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

Thomas J. McElroy

(NOTE: Registered Agent signature required when reinstating)

7-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MCELROY, THOMAS J
STREET ADDRESS 3 LAMPLITE CT.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 283 N. Northlake Blvd, Suite 111

1.4 CITY-ST-ZIP Altamonte Springs, FL 32701

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 200002280492-4

2.4 CITY-ST-ZIP -08/28/97-01130-001

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS ****165.00 ****165.00

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 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.

SIGNATURE

THOMAS J. MCELROY

7-21-97 407-831-1853

CR2E034 (9/96)