

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Sep 10 1996 8:00 am  
Secretary of State

**DOCUMENT # P95000082140 (1)**  
1. Corporation Name

**AFFORDABLE HOUSING LENDING CONSORTIUM, INC.**



Principal Place of Business: 9000 SHERIDAN STREET, PEMBROKE PINES FL 33301  
Mailing Address: 9000 SHERIDAN STREET, PEMBROKE PINES FL 33301

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9715 W. Broward Blvd.		26 Same		10/25/1995			
22 #313		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Plantation, Fla.		28 City & State		65-0619141		Not Applicable	
24 33324		25 Broward		29		30	
29		30		5. Certificate of Status Desired		8.75 Additional Fee Required	
				X			
				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 X No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				85 Zip Code			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when forming)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				11 TITLE			
NAME				President			
STREET ADDRESS				12 NAME			
CITY - ST - ZIP				13 STREET ADDRESS			
				9715 W. Broward Blvd., #313			
				14 CITY - ST - ZIP			
				Plantation, Fla., 33324			
TITLE				21 TITLE			
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY - ST - ZIP				24 CITY - ST - ZIP			
				31 TITLE			
				32 NAME			
				33 STREET ADDRESS			
				34 CITY - ST - ZIP			
				41 TITLE			
				42 NAME			
				43 STREET ADDRESS			
				44 CITY - ST - ZIP			
				51 TITLE			
				52 NAME			
				53 STREET ADDRESS			
				54 CITY - ST - ZIP			
				61 TITLE			
				62 NAME			
				63 STREET ADDRESS			
				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Claude A. Becker* Claude A. Becker 8-5-96 954-437-3848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)