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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 P96000027213 (3) DOCUMENT #

AFFORDABLE HOME SERVICES OF S.W. FLORIDA, INC. Principal Place of Business Mailing Address 1621 S.E. 10TH AVENUE 1621 S.E. 10TH AVENUE CAPE CORAL FL 33990 CAPE CORAL FL 33990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/22/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0655824 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MONIZ, FRANCIS J U 1621 S.E. 10TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CORAL FL 33990 83 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 Signature, typed or perited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 JULE Change NAME MONIZ, FRANCIS J 1.2 NAME 1621 S.E. 10TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. Thereby 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 artischment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

NAME

STREET ADORESS

CITY-ST-ZIP

CR2E034

**FILED** 

Feb 05 1998 8:00am

Secretary of State