

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90009 005 ***150.00

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1. Corporation Name

AFFORDABLE HOMES UNLIMITED, INC.



Principal Place of Business

**5005 W. LAUREL ST., STE. 201
TAMPA FL 33634
US**

Mailing Address

**11934 KEATING DR.
TAMPA FL 33626**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3421233

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

**26 5005 W. Laurel ST --
201 Suite, Apt. #, etc.**

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKS, JAMES
5005 W. LAUREL ST., STE. 201
TAMPA FL 00607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **DICKS, JAMES E**
STREET ADDRESS **7028 W. WATERS AVE., #343**
CITY-ST-ZIP **AMPA FL 33634**

TITLE **VP** ☐ DELETE
NAME **LAPLANTE, ANDRE**
STREET ADDRESS **104 W. LOUISIANA AVE.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **VP** ☐ DELETE
NAME **MORGAN, PHILIP**
STREET ADDRESS **6209 1/2 ELBRON ST.**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VP** ☐ DELETE
NAME **Todd Becker**
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 **VP** ☐ Change ☒ Addition
1.2 NAME **Todd Becker**
1.3 STREET ADDRESS **7028 W. Waters Ave #343**
1.4 CITY-ST-ZIP **Tampa FL 33634**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **Philip Morgan**
3.3 STREET ADDRESS **7028 W. Waters Ave #343**
3.4 CITY-ST-ZIP **Tampa FL 33634**

4.1 TITLE **VP** ☐ Change ☒ Addition
4.2 NAME **Todd Becker**
4.3 STREET ADDRESS **Above**
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
James Dicks President

4/21/99

813 637-8255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)