

1999
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1999.
AMOUNT DUE ON OR BEFORE 09/30/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



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

~~1998~~ 1999

DOCUMENT # **P97000017246 (4)**

1. Corporation Name

AFFORDABLE/SOUTHFORK, INC.

Principal Place of Business

**405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920**

Mailing Address

**405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number
59-3439919

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Post Office Box 928

27 Suite, Apt. #, etc.

28 City & State

Cape Canaveral, FL

29 Zip

32920

Country

USA

9. Name and Address of Current Registered Agent

**STRAKA, CHRISTOPHER J
405-F ATLANTIS ROAD
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

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

Christopher Straka

06.29.99

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 **D** ☐ DELETE

NAME **STRAKA, CHRISTOPHER J**
STREET ADDRESS **405-F ATLANTIS ROAD**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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 **V T S** ☐ Change ☒ Addition

1.2 NAME **Straka, Christopher J.**

1.3 STREET ADDRESS **405-F Atlantis Road**

1.4 CITY-ST-ZIP **Cape Canaveral, FL 32920**

2.1 TITLE **D P** ☐ Change ☒ Addition

2.2 NAME **Bailey, Helen**

2.3 STREET ADDRESS **405-F Atlantis Road**

2.4 CITY-ST-ZIP **Cape Canaveral, FL 32920**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **800002925598--3**

3.3 STREET ADDRESS **-07/07/99--01081--005**

3.4 CITY-ST-ZIP ******558.75 ****558.75**

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 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:

Christopher Straka

06.29.99

407.799.4900

CR2E034 (5/98)