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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067021 (0)

AFFORDABLE FINANCE, INC.

FILED Apr 24 1998 8:00am Secretary of State

Sulte, Apt.	E DRIVE R 101 FL \$2750	Mailing Address 770 BIG TREE DRIVE BAY NUMBER 104 LONGWOOD FL 32750  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		DO NOT WRITE IN TO  3. Date incorporated or Qualified  08/04/1997  4. FEI Number  59 - 346/923  5. Certificate of Status Desired	• • • • • • • • • • • • • • • • • • • •
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25 25 Name and Address of Cu		30	Personal Property Tax due June 30.  10. Name and Address of New Register	
77/ BA LO	OTTON, DAVID G O BIG TREE DRIVE LY NUMBER 104 NGWOOD FL 32750		83 84 City		-L 85 Zip Code
11. Pursuant office or ragent. I a SIGNATURE	egistered each, or brith the S m familiar with analysic of the S	late of Florida. Such change was al oligations of Section 607.0505, Flor	s, the above-named corporation in the corporation i	coration submits this statement for the purposition's board of directors. I hereby accept the statement for the purposition's board of directors. I hereby accept the statement for the purposition's board of directors. I hereby accept the purposition of directors are accept the purposition of directors. I hereby accept the purposition of directors are accept the directors are acceptable to the purposition of directors are acceptable to the directors are	appointment as registered
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICENS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	WOTTON, DAVID G 770 BIG TREE DR. BAY ( LONGWOOD FL 32750	<del>_</del>	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ OELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP		☐ Change ☐ Addition
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		;
TITLE  NAME  STREET ADDRESS		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition
14. I hereby of indicated officer or of	on this annual report or suppleme	ental annual report is true <b>and a</b> ccu ecciver or trustee empowe <b>red</b> to ex	rate and that my signatui	Section 119.07(3)(i), Florida Statutes. I furthe re shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and the	under oath; that I am an