

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

0476479

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT# **P98000011745**

1. Corporation Name

AFFORDABLE PROPERTY MANAGEMENT, INC.

99 JUN 11 PM 2:07



Principal Place of Business 8320 S. TAMiami TRAIL SARASOTA FL 34231	Mailing Address 8320 S. TAMiami TRAIL SARASOTA FL 34231
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 261 S. Tamiami Trail		2a. Mailing Address 26 261 S. Tamiami Trail		3. Date Incorporated or Qualified 02/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0812022	
22 City & State 23 Nokomis, FL		27 City & State 28 Nokomis, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34275 25 Country Sarasota		29 Zip 34275 30 Country Sarasota		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FRIEDLAND, RALPH L ESQ. 2033 MAIN STREET SUITE 100 SARASOTA FL 34237				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHLIEF, ROD	1.2 NAME	500002911245--0
STREET ADDRESS	8320 S. TAMiami TRAIL	1.3 STREET ADDRESS	-06/21/99--01153--013
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	VPST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHLIEF, MEILIN	2.2 NAME	
STREET ADDRESS	8320 S. TAMiami TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-99

(941) 484-9991

CR2E034 (11/98)