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

DOCUMENT # P98000089799

1. Corporation Name

LAFOND'S AFFORDABLE, INC.

Principal Place of Business					Mailing Address				
1806 NW 36TH COURT					1806 NW 36TH COURT				
OAKLAND PARK FL 33309				0	OAKLAND PARK FL 33309				DO NOT WRITE IN THIS SPACE
•									3. Date Incorporated or Qualifed
									10/21/1998
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21					26				US-0872034 Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Serviced 5. Servic
22					27				5. Certificate of Status Desired Fee Required
City & State	9		***		City & State				6. Election Campaign Financing \$5.00 May Be
23					28				Trust Fund Contribution Added to Fees
Zip	Country				Zip Cou				8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax
24		25		29		30	-		1 crooman reports
	9. Name	and	Address of Curren	t Regi	Istered Agent		81	Name	10. Name and Address of New Registered Agent
I AEC	NN EDEI	ı H					"	IVallie	
LAFOND, FRED H 1806 NW 36TH COURT OAKLAND PARK FL 33309							82	Street Addre	ess (P.O. Box Number is Not Acceptable)
							83		
· OAN	יייי מוויים		_ 0000						
	•						84	City	FL 85 Zip Code
				0	007 4500 Flasida Otak	st-			oration submits this statement for the purpose of changing its registered
office or re	egistered ac	ient.	or both, in the State	of Flor	rida. Such change was	authori	zea by 1	-named corpo he corporation	on's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar w	ith, a	nd accept the obliga	tions o	of, Section 607.0505, FI	lorida S	tatutes.		
SIGNATURE						re n			d when reinstating) DATE
12.	Signature, type	or pri	nted name of registered age OFFICERS AN				13.	Signature requires	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р		GI. IOZIKO / W		☐ DELETE	_	.1 TITLE		☐ Change ☐ Addition
NAME		FR	FD H			1.	.2 NAME		
NAME LAFOND, FRED H STREET ADDRESS 1806 NW 36TH COURT					1.3 \$7			ADDRESS	
CITY-ST-ZIP	l .		ARK FL 33309		1.4 C			-ZIP	
TITLE	0,4,0,0		***************************************		DELETE 2.1 TO				☐ Change ☐ Addition
NAME					2.2 N				
STREET ADDRESS						2	.3 STREET	ADDRESS	
UIY-ST-ZIP				<u> </u>	24C			r-ZiP	
TITLE					☐ DELETE	3	.1 TITLE		Change: - [] Addition
NAME						.3	2 NAME		
STREET ADDRESS						3	3 STREET	ADDRESS	
CITY-ST-ZIP						3	.4. CITY-S	r-ZiP	
TITLE					☐ DELETE	4	,1 TITLE		☐ Change ☐ Addition
NAME						4	. 2 NAME		
STREET ADDRESS						4	.3 STREET	ADDRESS	
CITY-ST-ZIP						4	.4 CITY-SI	-ZIP	
TITLE			**		☐ DELETE	5	.1 TITLE		☐ Change ☐ Addition
NAME							2 NAME ·		/ -
STREET ADDRESS						5	.3 STREET	ADDRESS	
C/TY-ST-ZIP							4 CITY-S	-ZIP	
TMLE			•		☐ DELETE		.1 TITLE	1	☐ Change ☐ Addition
NAME	l					■ 6	2 NAME	}	

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90057 039 ***150.00