

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000025924**

1. Entity Name

AFFORDABLE HOME EQUITY LOANS, INC.**FILED****Feb 11, 2000 8:00 am**
Secretary of State

02-11-2000 90018 035 ***150.00

Principal Place of Business 10920 N. 56TH ST., SUITE 210 TEMPLE TERR. FL 33610	Mailing Address 10920 N. 56TH ST., SUITE 210 TEMPLE TERR. FL 33610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10936 N 56th ST Suite, Apt. #, etc. 203 City & State Temple Terrace, FL Zip 33617 Country USA	3. Mailing Address SAME AS (2) Suite, Apt. #, etc. City & State FL Zip Country
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4. FEI Number 59-3575702	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LIST, MELVIN B 407 S. AUDUBON AVE., UNIT 4 TAMPA FL 33609-4139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Melvin B. List DATE 2/3/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LIST, MELVIN B 407 S. AUDUBON AVE., UNIT 4 TAMPA FL 33609-4139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOSS, TRENT C 10912 N. 56TH ST. TEMPLE TERR. FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMICICH, SHARON K 10912 N. 56TH ST., SUITE D TEMPLE TERR. FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melvin B. List DATE 2/3/00 813-899-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR