## 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 # **S46090**

1. Corporation Name

AFFORDABLE AMERICAN H	omes, inc.
Principal Place of Business	Mailing
4005 MARONDA WAY	4005 M

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90010 021 \*\*\*150.00



Principal Place	e of Business	Mailing Add	lress			) (MB)(M) (4) minim h()); #4(14 #4(14 #4	(11 mm), mráir m20() ;	)1811 BIBI! E	)=>+ <b>01311</b>
4005 MARONDA	WAY	4005 MARON	IDA WAY						
SANFORD FL 32771 SANFORD FL 32771			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed	IE IN THIS SE	ACE	
						'	•		[
			A data = = =			04/15/1991 4. FEI Number		110	plied For
— '	2. Principal Place of Business 2a. Mailing Address		**		_ <del></del>	t Applicable			
21	V -A-	26	nt 41 ntn			59-3061808		8.75 A	
Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re				
22		<del></del>		<del></del>	_				
City & State	е	— <u> </u>	olate			6. Election Campaign Financing Trust Fund Contribution		\$5.00 l	
23									
Zip	Country		30		8. This corporation owes the current year Intangible Personal Property Tax.				
24	25	29		1		10. Name and Address of New F			
	9. Name and Address of Curre	nt Registered Ag	ent	81	Name	IV. Hame and Address of New I	tegiotorea rigi		
MAR	ONDA HOMES INC			L					
	MARONDA WAY			82	Street Addi	ress (P.O. Box Number is Not Accepta	ible)		I
	FORD FL 32771			83					_
U U	OND I COLIT			63	-				
				84	City		FL	35 Zip (	Code
					<u> </u>				
i office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such	change was autho	orized by	the corporation	oration submits this statement for the on's board of directors. I hereby accept	ot the appointm	ent as rec	gistered
-	m tanıman man, ana accept and eng								+
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Re	gistered Age	nt signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	·····		
TITLE	PD		☐ DELETE	1.1 TITLE				] Change	☐ Addition
NAME	WOLF, WILLIAM J.			1.2 NAME					]
STREET ADDRESS	650 RIDGE ROAD			1.3 STREET	TADORESS				
CITY-ST-ZIP	PITTSBURGH PA			1.4 CITY-S	T-ZIP				
TITLE	VPD DELETE 2.1 TITLE			<u> </u>			Change	☐ Addition	
NAME	KATANICH, SAMUEL L. 22 NAME							1	
STREET ADDRESS	4005 MARONDA WAY			2.3 STREE	TADDRESS				I
CITY-ST-ZIP	SANFORD FL -	_	San San San	2:4 CITY-5		***	-	,	. [
TITLE	SD	<del></del>	DELETE	3.1 TITLE				] Change	☐ Addition
NAME	WOLF, RONALD W.			3.2 NAME					
STREET ADDRESS	650 RIDGE ROAD				TADORESS :				
i	PITTSBURGH PA			3.4. CITY-5	ì				J
CITY-ST-ZIP TITLE	THIODORGITIA		☐ DELETE	4.1 TITLE	,, 21,			Change	☐ Addition
NAME				4. 2 NAME			_		
					TADDRESS				
STREET ADDRESS		•							
CITY-ST-ZIP	<del></del>		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-211			Change	Addition
TITLE			_ beceit	5.1 IIILE 5.2 NAME			_	,	
NAME					TADDRESS				
STREET ADDRESS					- 1				
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE	:-ZIP			Change	Addition
TITLE			DELETE				L	1 cuante	☐ ₩
NAME				6.2 NAME					
STREET ADDRESS	33 3.5				T ADDRESS				]
CITY-ST-ZIP.	448 25 14	_		6.4 CITY-9	TIZIP				

stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental arms of eport is true officer or director of the corporation or the receiver or trustee empoy Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

407-321-0064