

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 24 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88468** (1)
1. Corporation Name
CED AFFORDABLE HOUSING DEVELOPMENT, INC.



Principal Place of Business Mailing Address
% B&C CORPORATE SERVICES OF CENTRAL FL 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801
% B&C CORPORATE SERVICES OF CENTRAL FL 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801-1641

3. Date Incorporated or Qualified **10/18/1991** 3a. Date of Last Report **03/18/1996**
4. FEI Number **59-3099460** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2200 Lucien Way** 26 **P.O. Box 4961**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste. 450** 27
City & State City & State
23 **Matland, FL** 28 **Orlando, FL**
Zip Country Zip Country
24 **32751** 25 **USA** 29 **32802-4961** 30 **USA**

9. Name and Address of Current Registered Agent
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **500002153605--2**
B4 City **04/24/97-01054-019**
******165.00 ****185.00**

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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	GINSBURG, ALAN H.	
STREET ADDRESS	2200 LUCIEN WAY, STE 450	
CITY - ST - ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KANTOR, STEVEN M	
STREET ADDRESS	2200 LUCIEN WAY, STE 450	
CITY - ST - ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	OFFICER
13 STREET ADDRESS	Alan H. Ginsburg
14 CITY - ST - ZIP	2200 Lucien Way, Ste. 450 Matland, FL 32751
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	Michael J. Scarrino
2.4 CITY - ST - ZIP	2200 Lucien Way, Ste. 450 Matland, FL 32751
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MWB
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ DATE: **4/22/97** PHONE: **407/660-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)