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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mosman

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S97676 (8)

1. Corporation Name

AFFORDABLE HOUSING BY GENESIS, INC.



Principal Place of Business

20751 SR 520
ORLANDO FL 32833
US

Mailing Address

20751 SR 520
ORLANDO FL 32833
US

3. Date Incorporated or Qualified

12/04/1991

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANET BOWERS

20751 SR 520

ORLANDO FL 32833

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 the corporation

(Not for Registered Agent signature required when rechartering)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLAYTON, KEVIN	
STREET ADDRESS	6605 FAIRVIEW LN	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOWERS, JANET B	
STREET ADDRESS	2539 ABNEY AVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRALEY, LISA A	
STREET ADDRESS	19764 PADDOCK ST	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRALEY, GERALD B	
STREET ADDRESS	1943 GREEN MEADOW LN	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRALEY, JEFFREY G	
STREET ADDRESS	19764 PADDOCK ST	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	JANET B. BOWERS
2.4 CITY-STATE-ZIP	13700 NEWBY ST
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ORLANDO, FL 32833
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500001794415
5.3 STREET ADDRESS	04/25/96-01033-028
5.4 CITY-STATE-ZIP	***400.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)