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 # **V22783**

1. Corporation Name

AFFORDABLE LAND SERVICES, INC.

| | | | | | | | _ | L FROTE BILDIO TENIO TENIO TENIO TORRE INFERDITATE DE | | AR BUBU BUBU YEBU | |
|---|--|------------------------|-------------------------|--------------|---------|--|--|--|---|-------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | , | | | |
| 13155 88TH ST 13155 88TH ST | | | | | | | | • | | | |
| FELLSMERE FL 32948 FELLSMERE FL 32948 | | | | | | | | | | | |
| US US | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. | Date Incorporated or Qualifed | | Ī | |
| | | | | - | | | | 03/20/1992 | | | |
| 2. Principal P | lace of Business | 2 | a. Mailing Address | | | | 4. | FEI Number | | Applied For | |
| 21 | | 26 | 3 | | | | | 65-0318178 | | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | _ | Certifcate of Status Desired | \$8.75 | Additional | |
| 22 | | | 7 | | | | 3. | Certificate of Status Desired | Fee | Required | |
| City & State | | | City & State | | | | 6. | Election Campaign Financing | \$5.0 | O May Be | |
| 23 | | | 28 | | | | | Trust Fund Contribution | | d to Fees | |
| Zip | Count | гу | Zip | Cou | intry | | 8. | This corporation owes the current year Inta | ıngible | | |
| 24 | 25 | 29 | | 30 | | | | Personal Property Tax. | ☐ Yes | ₩No | |
| | 9. Name and Addr | ess of Current Reg | jistered Agent | • | | | 10. | Name and Address of New Registered A | gent | | |
| | | • | | | 81 | Name | | ÷ | | | |
| CARTER, DALE | | | | | 82 | Charat Address (D.O. Boy Number in Not Assentable) | | | | | |
| 13155 88TH ST | | | • | | | Street Addre | idress (P.O. Box Number is Not Acceptable) | | | | |
| FELLSMERE FL 32948 | | | | | 83 | | | Control of the Contro | 1 1 2 2 4 | 744 HEP (SI | |
| | | | | | | | | <u> </u> | 4.804 CS | | |
| | | | | | 84 | City | | FL | 85 Zij | p Code | |
| 44 Durayont | to the provinces of Rec | tions ED7 DED2 and | I 607 1509 Elosida Stat | utos the s | hove | named corpo | oration | a submits this statement for the purpose of c | panging | ite registered | |
| office or r | to the provisions of Set egistered agent, or both | n, in the State of Flo | rida. Such change was | authorized | l by | the corporation | n's bo | pard of directors. I berefy accept the annoin | tment as | registered | |
| agent. I a | m familiar with, and acc | ept the obligations | of, Section 607.0505, F | lorida Stati | utes. | | | | | | |
| SIGNATURE | | | | | | | | | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | e | |
| | Signature, typed or printed name | | | | Agen | t signature required | | | | | |
| 12. | D | OFFICERS AND DIF | DELETE | 13. | T - | | Α | ADDITIONS/CHANGES TO OFFICERS AND | Change | | |
| TITLE | - | | | 1.1 TI | | | | | ☐ Change | 3 Madinon | |
| NAME | CARTER, DALE | | | 1.2 NA | | | | | | Í | |
| STREET ADDRESS | 13155 88TH ST | | | 1.3 \$T | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | FELLSMERE FL | | | 1.4 Cf | TY-ST | -ZIP | | | | | |
| TITLE | | | ☐ DELETE | 2.1 17 | TLE | | | | ☐ Change | e 🗌 Addition | |
| NAME | | | | 2.2 NA | ME | | | | | 1 | |
| STREET ADDRESS | | | | 2.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 2. 4 C | ITY-\$1 | T- ZIP | | | | | |
| TITLE | | | ☐ DELETE | 3.1 Tr | ΠLE | | | | Change | e Addition | |
| NAME | | | • | 3.2 NA | ME | ŀ | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | 3 | - 1 | , , 1 | |
| CITY-ST-ZIP | | | | 3.4. C | | | | | | 1.33 | |
| TITLE | | | ☐ DELETE | 4.1 (0 | | (-21) | | | Change | e Addition | |
| NAME | | | | 4. 2 N | | | | • | , | | |
| | | | | | | 4000000 | | | | ł | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | רו חבו בדר | | TY-ST | -ZIP | | | Chora | a [] Addition | |
| TITLE | | | ☐ DELETÉ | 5.1 TR | | | | | ☐ Change | e 🔲 Addition | |
| NAME | | | | 5.2 NA | | | | • • | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | ļ | |
| CITY-ST-ZIP | | | | 5.4 CI | | -ZIP | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | | | ☐ DELETE | 6.1 ∏∏ | | | | | ☐ Change | e .Addition | |
| NAME | | | | 6.2 NA | ME | | | | | 1 | |
| STREET ADDRESS | | | | 6.3 ST | REET. | ADDRESS | | | | f | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90020 011 ***150.00

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