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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29896

(0)

CALRO-AFFORDABLE-INVESTMENTS, INC.

Principal Place of Business Mailing Address 6260 LANE RD 6260 LANE RD SARASOTA FL 34243 SARASOTA FL 34243 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/15/19</u>92 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0331591 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. 7his corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zφ 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Jenkins. Rose 6260 LANE RD. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 83 84 City 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 title if applicable (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change \_\_\_ Addition TITLE 1.1 TITLE NAME JENKINS, ROSE 1.2 NAME 6260 LANE RD. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIE 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

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 supplimental 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 13 if changed, or or an attachment vite an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

4/1/00

941-250 11611

Change

Change

Addition

Addition

FILED

Apr 14 1998 8:00am

Secretary of State