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

DOCUMENT #

(0)

AFFORD	ABLE SPACE, INC.						
Principal Place of Business		Mailing Address			1 BIBN 7000 9180 8180 BIBN 6180 8180		
8156 S ORANGE AVE SUITE D ORLANDO FL 32808 US		3156 S ORANGE AVE SUITE D ORLANDO FL 32806-8520 US		Date Incorporated or Qualified	3a. Date of Last Report	٦	
V		00			08/17/1992	08/09/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	1	
21		26			59-3138855	Not Applicable	7
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	٦	
22		27		5. Certificate of Status Desired	Fee Required		
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		Zip Country		Trust Fund Contribution	Added to Fees	_	
Zip	Country	Zip		antry	8. This corporation has liability for		
24	9. Name and Address of Current		30	T	Florida Statutes 10. Name and Address of New Ro	X. Yes No	1
ALIO	TAD, STEVEN M.	The ground of the ground		81 Name	10, 114110 0110 1141100 07 11611 11	og.oto.oo Agon.	1
2939	I MONACO CT. ANDO FL 32808			82 Street A 83 84 City	Address (P.O. Box Number is Not Accepta	FL 85 Zip Code	_
agent. I a SIGNATURE	Signature, type for printed name of registered again	and tille it applicable (NOT	Hog stere	798/P	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered on the appointment as the Appointmen	<u> </u>
12. TITLE	OFFICERS AND	DELETE	13. 1.11	0.5	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition	
NAME	. •			IAME		Change [] Addition	!
STREET ADDRESS	AUSTAD, STEVEN M. 2839 MONACO CT.			TREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			THEFT ADDRESS			
TITLE	OURSHIPO I C	DELETE	2.1 T			Charige Addition	48
NAME				IAME			1
STREET ADDRESS				TREE LADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	DELETE		3.1 1			Change Addition	7
NAME			3.2 N	AME			
STREET ADDRESS		3.3		THEET ADDRESS			
CITY-ST-ZIP			3.4. (CITY-ST-ZIP			ļ
TITLE			4.1 T			Change Addition	7
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP			
TITLE		DELETE	511	DLE		Change Addition	7

CITY-ST-ZIP 14. I do hereby certify that the information su information indicated on this annual report am an officer or director of the corporation appears in Block 12 or Block 13 if change with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that is receiver or truster empowered to execute this report as required by Chapter 607, Florida Statules; and that my name

52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5 3 STREET ADDRESS

5.4 City-St-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

FILED

May 05 1997 8:00am

Secretary of State