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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(6)

|   | ET CURIIS MUNUT ASS   | SOCIATES ARCHITECTS I  | NC.  |   |                       |  |                             |                                       |                                   |                                       |
|---|---|--|--|---|-----------------------|--|-----------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| Principal Pla   | ice of Business   | Mailing Address  |  |   |                       | 1887/18   011/8   19110   18010   18                                 |                             |                                       |                                   |                                       |
| 1036 SOUTH  | ł Florida Avenue  | 1036 SOUTH FLORIDA   | AVENUÉ   |   |                       |  |                             |                                       |                                   |                                       |
| LAKELAND F  |   | LAKELAND FL 33803  |  |   |                       | DO NO  | T WOITE IN                  | THIS SPACE                            |                                   |                                       |
|   |   |  |  |   | +                     | 3. Date Incorporated or Q  |                             | THIS SPACE                            |                                   |                                       |
| -   |   |  |  |   |                       | 07/01/1981   | damico                      |                                       |                                   |                                       |
| 2. Principal  | Place of Business   | 2a. Mailing Address  |  |   |                       | 4. FEI Number  |                             | · · · · · · · · · · · · · · · · · · · | Applied F                         | or                                    |
| 21  |   | 26   |  |   |                       | 59-2105504   |                             |                                       | Not Applie                        | cablo                                 |
| Suite, Apt  | t. #, <b>e</b> tc.  | Suite, Apt. #, etc.  |  |   |                       | 5. Certificate of Status Des   | sired [                     | 1                                     | 75 Addition                       | al                                    |
| City & Sta  | ato   | City & State   |  |   |                       |  |                             |                                       | e Required                        |                                       |
| 23  | 110   | 28   |  |   |                       | <ol><li>Election Campaign Fina<br/>Trust Fund Contribution</li></ol> | · ·                         |                                       | .00 May Be                        |                                       |
| Zip   | Country   | Zip  | Count  | гу  |                       | 8. This corporation owes o   | <del>-</del>                |                                       |                                   |                                       |
| 24  | 25  | 29   | 30   |   | ĺ                     | Personal Property Tax of   | •                           |                                       | □ No                              |                                       |
|   | g. Name and Address of Co   | urrent Registered Agent  |  |   |                       | 10. Name and Address of  | New Regis                   | stered Agent                          |                                   |                                       |
| SV  | WILLEY, ROBERT H  |  | В  | 1 Name  |                       |  |                             |                                       |                                   |                                       |
|   | 36 SOUTH FLORIDA AVENUI   | E  | 8  | 2 Street  | Address               | s (P.O. Box Number is Not A  | (cceptable)                 |                                       |                                   |                                       |
| . LA  | keland, fl  |  |  |   |                       |  |                             |                                       |                                   |                                       |
| 33  | 3803  |  | 8  | 3   |                       |  |                             |                                       |                                   |                                       |
|   |   |  | 8  | 4 City  |                       |  |                             | 85                                    | Zip Code                          |                                       |
|   |   | 10000 1007 4000 51 11 01 1   |  | <u> </u>  |                       |  |                             | FL   ~                                |                                   |                                       |
| office or   | registered agent, or both, in the S   | 7.0502 and 607.1508, Florida <mark>Statu</mark><br>State of Florida. Such change was     | ites, the abo<br>authorized l  | ve-named<br>by the cor  | i corpora<br>poration | ation submits this statement<br>'s board of directors. I herel       | for the purp<br>by accept t | pose of chang<br>he appointme         | ing its registi<br>nt as register | ered<br>red                           |
| agent. I :  | am familiar with, and accept the o  | obligations of, Section 607.0505, F  | Iorida Statut  |   | •                     |  |                             |                                       |                                   |                                       |
|   |   |  | iorida otatat  | es.   |                       |  |                             |                                       |                                   |                                       |
| SIGNATURE   |   | •  |  |   |                       |  |                             | F-17(                                 |                                   |                                       |
|   | Signature, typed or printed name of register  | ed agent and title it applicable (NC   | ITE: Hogistored A  |   | e required y          | · · · · · · · · · · · · · · · · · · ·                                |                             | DATE<br>RS AND DIREC                  | TORS IN 12                        |                                       |
| SIGNATURE  12.  TITLE   | Signature, typod or printed name of register<br>OFFICERS  | •  |  | gent signatur   | e required v          | when reinstating)  ADDITIONS/CHANGES T                               |                             |                                       |                                   | · · · · · · · · · · · · · · · · · · · |
| 12.   | Signature typed or printed name of register OFFICERS  | ed agent and title it applicable (NC<br>S AND DIRECTORS                                  | TE Registered A  | gent signatur   | e required v          | · · · · · · · · · · · · · · · · · · ·                                |                             | RS AND DIREC                          |                                   | · · · · · · · · · · · · · · · · · · · |
| 12.<br>TITLE  | OFFICERS PD SWILLEY, ROBERT H   | ed agent and title it applicable (NC<br>S AND DIRECTORS                                  | 13. 1.1 YITLE 1.2 NAMI   | gent signatur   | e required v          | · · · · · · · · · · · · · · · · · · ·                                |                             | RS AND DIREC                          |                                   |                                       |
| 12.<br>TITLE<br>NAME  | Signature typed or printed name of register OFFICERS PD SWILLEY, ROBERT H   | ed agent and title it applicable (NC<br>S AND DIRECTORS                                  | 13. 1.1 YITLE 1.2 NAMI   | gent signature  | e required v          | · · · · · · · · · · · · · · · · · · ·                                |                             | RS AND DIREC                          |                                   | · · · · · · · · · · · · · · · · · · · |
| 12. TITLE NAME STREET ADDRESS   | OFFICERS PD SWILLEY, ROBERT H 3202 CARLETON PLACE LAKELAND FL VSTD  | ed agent and title it applicable (NC<br>S AND DIRECTORS                                  | 13. 1.1 TITLE 1.2 NAMI 1.3 STREE   | gent signature<br>E<br>FT ADDRESS<br>- S1 - ZIP   | e required v          | · · · · · · · · · · · · · · · · · · ·                                |                             | RS AND DIREC                          | ange 🔲 Ad                         | dition                                |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS PD SWILLEY, ROBERT H 3202 CARLETON PLACE LAKELAND FL   | ed agent and tilk it applicable (NC)<br>S ANO DIRECTORS                                  | 11E Registered A 13. 1.1 THLE 1.2 NAMI 1.3 STRE 1.4 CITY   | gent signature  | e required v          | · · · · · · · · · · · · · · · · · · ·                                |                             | RS AND DIREC                          | ange 🔲 Ad                         | dition                                |
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14. Thereby 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, of on an attachment with an address.

GALLAR DOOR

**FILED** 

Jan 16 1998 8:00am

Secretary of State