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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01103** **(3)**

1. Corporation Name

J. STEPHEN RYAN ASSOCIATES ARCHITECTS, INC.

Principal Place of Business	Mailing Address
7900 NOVA DR SUITE 208 LAUDERDALE FL 33324 US	7900 NOVA DRIVE 208 FT. LAUDERDALE FL 33324 US

3. Date Incorporated or Qualified: **10/09/1980**

3a. Date of Last Report: **01/17/1995**

2. Principal Place of Business
21 1200 S.W. 3RD ST
22 Suite, Apt. #, etc. 200
23 City & State POMPANO BEACH FL
24 Zip 33069 25 Country US

2a. Mailing Address
26 1200 S.W. 3RD ST.
27 Suite, Apt. #, etc. 200
28 City & State POMPANO BEACH FL.
29 Zip 33069 30 Country US

4. FEI Number: **59-2048460** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

J. STEPHEN RYAN
7900 NOVA DRIVE, #208
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name: J. STEPHEN RYAN
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S.W. 3RD ST
83 ~~POMP~~ # 200
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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: John Stephen Ryan DATE: 4/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RYAN, J. STEPHEN		1.2 NAME		
STREET ADDRESS	520 NE 20TH STREET, APT. #810		1.3 STREET ADDRESS	1930 N.E. 2ND AVE #L-210	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: John Stephen Ryan 4/15/96 (954) 788-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #