

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90050 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K66500

1. Corporation Name
SOELLNER ASSOCIATES ARCHITECTURE, INC.

Principal Place of Business C/O RAND SOELLNER 639 DOLPHIN ROAD WINTER SPRINGS FL 32708	Mailing Address C/O RAND SOELLNER 639 DOLPHIN ROAD WINTER SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9112 WEST LIBBY ROAD Suite, Apt. #, etc. 22 City & State 23 CLERMONT, FLORIDA Zip Country 24 34711 25 USA	2a. Mailing Address 26 9112 WEST LIBBY ROAD Suite, Apt. #, etc. 27 City & State 28 CLERMONT, FLORIDA Zip Country 29 34711 30 USA
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3. Date Incorporated or Qualified 02/10/1989	4. FEI Number 59-2942642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SOELLNER, RAND
639 DOLPHIN ROAD
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name RAND J. SOELLNER
82 Street Address (P.O. Box Number is Not Acceptable) 9112 WEST LIBBY ROAD
83
84 City CLERMONT
85 State FL
86 Zip Code 34711

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: *Rand J. Soellner* **RAND J. SOELLNER, PRESIDENT** 1/9/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME SOELLNER, RAND	
STREET ADDRESS 639 DOLPHIN ROAD	
CITY-ST-ZIP WINTER SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME RAND SOELLNER	
13 STREET ADDRESS 9112 WEST LIBBY ROAD	
14 CITY-ST-ZIP CLERMONT, FL 34711	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE: *Rand J. Soellner* **RAND J. SOELLNER, PRESIDENT** 1/9/99 352-243-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)